MISSISSIPPI DEPARTMENT OF HEALTH

Mississippi Behavioral Risk Factors Survey 2004

2004

Behavioral Risk Factor Surveillance System Report (BRFSS)

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Introduction

It is generally acknowledged by health care professionals that certain behavior patterns are associated with disease, injury and death. Among these are cigarette smoking, physical inactivity, alcohol consumption and risky sexual behavior. The Behavioral Risk Factor Surveillance System (BRFSS) is a program designed to estimate the prevalence of these and other health risk factors throughout the United States. The results provide a tool for evaluating health trends, assessing the risk of chronic disease, and measuring the effectiveness of policies, programs and awareness campaigns.

The BRFSS is a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Mississippi Department of Health (MDH). The first survey was done in 1984 when the data was collected at one given point in time. The survey was repeated in 1988 using the same methodology. Since 1990 there has been an annual survey with the data being collected monthly.

The BRFSS survey contains a set of core questions provided by the CDC to gather comprehensive standard information nationwide. The questions are related to health status, access to health care, health awareness, lifestyle, and preventive health. Individual states are allowed to include questions addressing specific issues that are of particular interest to that state.

Healthy People 2010: Understanding and Improving Health is a publication of the U. S. Department of health and human Services and is a component of a national health planning process that began in 1979. Several citations from the publication are included in this report and referenced as *Healthy People 2010*.

Methodology

A. SAMPLING DESIGN

The Mississippi BRFSS is a random sample telephone survey. Utilizing the disproportionate stratified random sample (DSS) using list assisted sampling methodology and the Computer Assisted Telephone Interviewing (CATI) system, the survey has the potential to represent 88 percent of all households in Mississippi that have telephones according to Bell South data. A sample size of 5,257 interviews over a 12-month period was selected to obtain a 95% confidence interval of less than ±3% on risk factor prevalence estimates in the adult population. Prevalence estimates by individual demographic variables, comprising smaller sample sizes, do not achieve the same level of accuracy as the total sample.

The interviews are conducted by Southern Research Group, Inc., a research marketing company via a contract with the MDH. The residences are called during weekdays between 9:00 a.m. and 9:00 p.m. and Saturdays between 8:30 a.m. and 4:30 p.m. After a residence has been contacted, one adult (18 years of age or older) is randomly selected to be interviewed from all adults residing in the household. Interviews are collected during a two-week period each month.

B. QUESTIONNAIRE

The questionnaire, designed through cooperative agreements with the CDC, is divided into three sections. The first section contains questions on health risk behavior, the second section contains demographic information and the third contains optional modules.

C. DATA ANALYSIS

The data collected by the MDH Office of Public Health Statistics through a contract with Southern Research Group, Inc. was compiled and weighted by the CDC. Weighted counts were based on the 2000 Mississippi population to accurately reflect the population demographics. The weighting comprised the following factors: the number of adults and telephone lines in the household, cluster size, and age/race/sex distribution of the general population; the ratio of the estimated sampling fraction of each stratum to the stratum with the largest estimated sampling fraction; the ratio of the sampling fraction of the low density stratum to the high density stratum; and the ratio of the expected cluster size to the actual cluster size. Therefore, the estimated prevalence of any risk factor from the survey represents the total population of Mississippi residents very well.

The reader should understand that the number of observations presented in the tables of this report reflect the actual, non-weighted observations for each cell while the percentages in each cell represent weighted percentages.

This report presents the percentage of high-risk behavior within each demographic group for each of the fifteen risk factors plus two chronic diseases (diabetes, asthma) and two conditions (health days, disability). The demographic information for persons reporting a high-risk behavior, condition, or chronic disease are also presented. The demographic information collected and presented in this survey covers sex, age, education, household income, employment status, and race.

D. Limitations of the Data

Any random sample data collection system is subject to error, and some of the records may be incomplete or contain inaccurate information. The information in this survey is self-reported and people may not remember essential information, a question may not mean the same thing to different respondents, and some individuals may not respond at all. Not all households have telephones and the survey does not attempt to contact institutionalized persons. It is not always possible to measure the magnitude of these errors or their impact on the data; therefore, the user should make his own evaluation.

E. Sample Size

Sample sizes vary by question and response category due to non-response and skip patterns within the survey instrument. Overall estimates generally have relatively small sampling errors, but estimates for certain population subgroups may be based on small numbers and have relatively large sampling errors. Interpreting estimates that are based on small number of respondents can mislead the reader into believing that a given finding is more accurate than it actually is. When the number of events is small and the probability of such an event is small, considerable caution must be observed in interpreting the estimates and/or differences between groups and areas. The CDC recommends not interpreting percentages when based on a denominator of fewer than 50 non-weighted respondents. In the tables of results, such situations are marked with an asterisk indicating: “Sample size less than 50."

Definition of Terms and Risk Factors

Alcohol Consumption

Binge Drinking Risk Factor - Respondents who report that they have had at least five drinks on one or more occasion during the past thirty days.

Asthma

Asthma Awareness - Respondents who have been told by a doctor, nurse or other health care professional they have asthma**.**

Birth Control

Using Birth Control - Male respondents age 18-59 and female respondents age 18-44 who report that they and their partners are presently practicing some method of birth control.

Breast Cancer Screening

Mammogram and Clinical Breast Examination (CBE) - Female respondents, age 40 and older, who report that they have ever had a mammogram and a CBE.

Mammogram and CBE within 2 years - Female respondents, age 50 and older, who report that they have had a mammogram and a CBE within the last two years.

Cervical Cancer Screening

Pap Smear - Female respondents, age 18 and older, who have not had a hysterectomy and who report that they have ever had a pap smear.

Pap Smear Within 3 Years - Female respondents, age 18 and older, who have not had a hysterectomy and who report that they have a pap smear within the last three years.

Colorectal Cancer Screening

Colorectal Cancer - Respondents age 50 and older who report that they have ever had a sigmoidoscopy or colonoscopy test.

Diabetes

Diabetes Awareness - Respondents who have been told by a doctor that they have diabetes.

Disability

Limited Activity - Respondents who report that their activity is limited in any way because of physical, mental or emotional problems.

Special Equipment Requirements - Respondents who report having health problems that require the use of special equipment such as a cane, wheelchair, special bed or special telephone.

Environmental Air

Indoor Air Quality - Respondents who report becoming ill during the past twelve months from breathing poor indoor air.

Outdoor Air Quality - Respondents who report becoming ill during the past twelve months from breathing poor outdoor air.

Exercise

Exercise in Last 30 Days - Respondents who report that, excluding their job, they did not participate in any physical activity or exercise such as running, walking, calisthenics, gardening or golf during the past thirty days.

Health Care Access

Health Care Plan - Respondents who report that they have no health care coverage, including health insurance, prepaid plans such as Health Maintenance Organizations (HMO's) or government plans such as Medicare.

Health Care Cost - Respondents who report that they were unable to see a doctor during the past twelve months because of cost.

Health Status

Self-Reported Health Status - Respondents who report that their general health status is no better than fair or poor.

Healthy Days

Physical Health - Respondents who report more than seven days during the past month when their physical health was not good.

Mental Health - Respondents who report more than seven days during the past month when their mental health was not good.

Activities Limited - Respondents who report more than seven days during the past month when they could not perform their normal activities because of poor physical or mental health.

HIV/AIDS

Never Tested for HIV - Respondents age 18-64 who report that they have never been tested for HIV, excluding tests done as part of a blood donation.

High Risk Behavior - Respondents age 18-64 who report that they have used intravenous drugs, have been treated for a sexually transmitted or venereal disease, have given or received drugs or money in exchange for sexual favors, or have had anal intercourse without a condom during the past year.

Immunization

Flu Shots - Respondents who report that they have received a flu shot within the past twelve months.

Pneumonia Shot - Respondents who report that they have ever had a pneumonia vaccination

Oral Health

Permanent Teeth Extracted - Respondents who report that they have had no permanent teeth extracted.

*Dental Visit*s - Respondents who report that their last visit to a dentist was more than one year ago.

Prostate Cancer

Prostate Specific Antigen (PSA) Test - Male respondents, age 40 and older, who report that they have ever had a PSA test used to check for prostate cancer.

Last PSA Test - Males respondents, age 40 and older, who report that it has been more than two years since they had a PSA test.

Sunburn

Self Reported Sunburns - Respondents who report having a sunburn in the past twelve months.

Tobacco Use

Current Smoker - Respondents who report that they have ever smoked 100 cigarettes in their lifetime and who currently smoke every day or some days. This relates to *Healthy People 2010* Objective 27.1a - Target $\leq$12%.

Weight Based on Body Mass Index (BMI)

Healthy Weight: - Respondents whose body mass index (BMI) is 18.5 $\leq$ BMI $\leq$ 24.9. This measures *Healthy People 2010* Objective 19.1 - Target $\geq$60%.

Overweight - Respondents whose body mass index (BMI) is 25.0 $\leq$ BMI $\leq$ 29.9.

Obese - Respondents whose body mass index (BMI) $\geq$30.0. This measures Health People 2010 Objective 19.2 - Target $\leq$15%.

Survey Results

Health Care Coverage

Access to health services– including preventive care, primary care and tertiary care– often depends on whether a person has health insurance. Uninsured people are less than half as likely as people with health insurance to have a primary care provider to have received appropriate preventive care, such as recent mammograms or Pap tests or to have had any recent medical visits. Lack of insurance also affects access to care for relatively serious medical conditions. Evidence suggests that lack of insurance over an extended period significantly increases the risk of premature death and that death rates among hospitalized patients without health insurance are significantly higher than among patients with insurance.

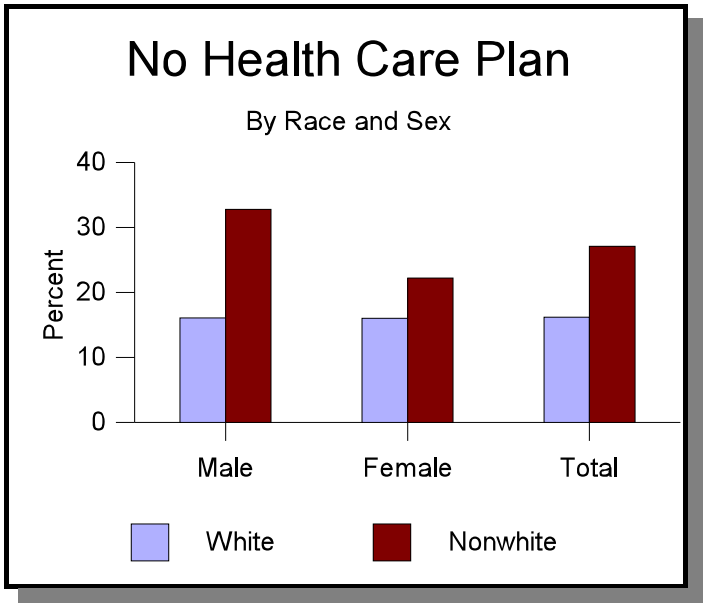

Figure 1

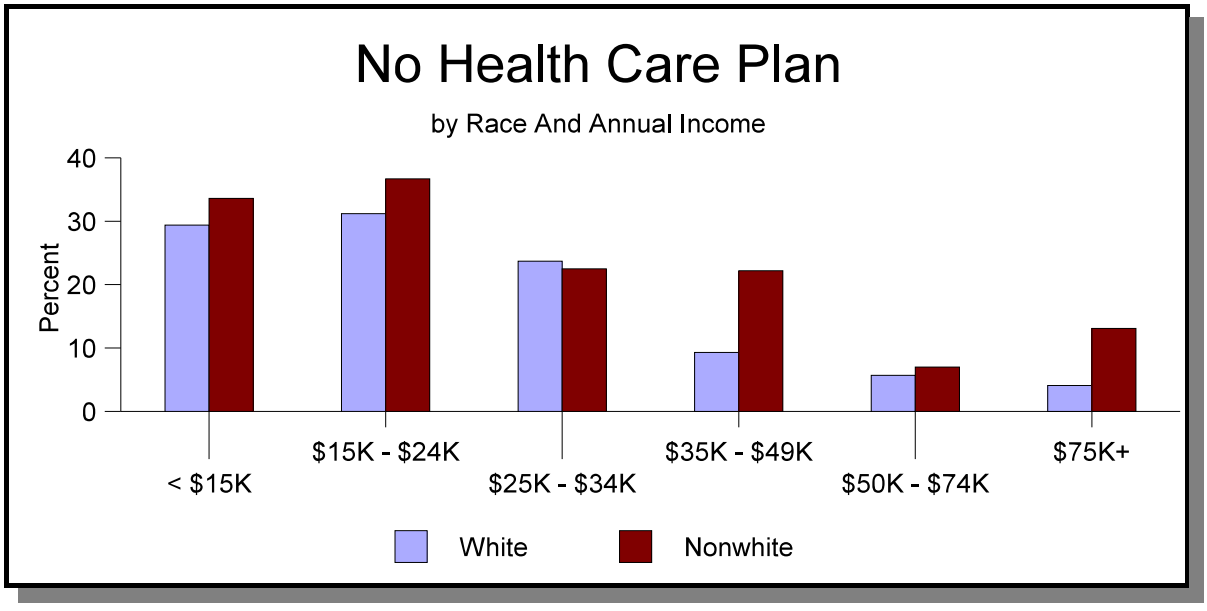

Figure 2

The questions in this section are designed to estimate the number of people who cannot obtain the health care they need because they are not covered by a health care plan or cannot afford to pay for insurance coverage. People at risk are those who have no health insurance, prepaid plans, Medicare or other government assisted programs such as the military, the VA or Medicaid.

In 2004, 20.1 percent of the respondents indicated they had no health care plan compared to 22.5 percent in 2003 (Table 1). According to the survey, nonwhite males had the highest rate of non-coverage at a rate of 32.8 percent; nonwhite females were next at 22.2 percent (Figure 1).

Respondents in the income range of $15,000 annually to $24,999 annually reported the highest proportion of non-coverage with a rate of 33.8 percent: 31.2 percent for whites and 36.7 percent for nonwhites (Figure 2).

Those who had not completed high school had a non-coverage rate of 28.1 percent: 28.2 for whites and 28.3 for nonwhites (Figure 3).

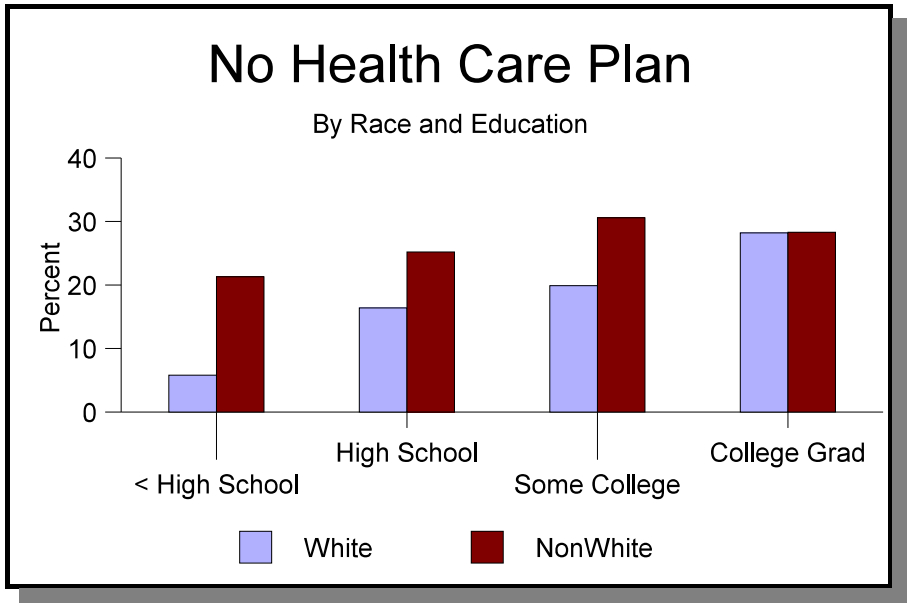

Figure 3

Table 1: Persons Who Have No Kind of Health Care Plan

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	178	16.5	143	32.8	321	22.1
Female	284	16.0	260	22.2	545	18.3
Age Group						
18-24	57	29.7	45	32.9	102	31.1
25-34	108	23.7	89	30.7	197	26.6
35-44	112	20.8	95	30.1	207	24.4
45-54	87	14.2	101	27.4	188	18.7
55-64	85	13.0	54	26.9	140	16.7
65+	12	1.2	18	5.2	30	2.1
Education						
< High School Graduate	101	28.2	96	28.3	198	28.1
High School Graduate or GED	182	19.9	166	30.6	348	24.0
Some College or Technical School	124	16.4	88	25.2	212	19.3
College Graduate	55	5.8	52	21.3	107	9.9
Income						
< $15,000	108	29.4	150	33.6	259	31.5
$15-$24,999	141	31.2	125	36.7	266	33.8
$25-$34,999	76	23.7	48	22.5	124	23.2
$35-$49,999	39	9.3	23	22.2	62	12.7
$50-$74,999	22	5.7	8	7.0	30	6.0
$75,000+	21	4.1	8	13.1	29	5.3
Employment Status						
Employed	256	16.4	231	26.8	488	20.0
Not Employed	55	47.6	75	55.7	130	51.8
Student/Homemaker	80	25.2	30	34.6	110	28.0
Retired/Unable to Work	71	7.5	67	14.7	138	10.0
Total	462	16.2	403	27.1	866	20.1

[1]Unweighted
[2]Weighted

Table 2: Unable to See a Doctor in Past Twelve Months Because of Cost

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	170	14.0	112	23.1	283	17.1
Female	388	19.7	331	27.1	721	22.4
Age Group						
18-24	39	18.5	32	22.3	71	20.2
25-34	109	22.8	93	26.4	202	24.3
35-44	138	24.1	95	26.5	233	25.1
45-54	122	18.7	130	35.2	252	24.3
55-64	97	14.9	53	23.9	153	17.5
65+	53	4.4	37	12.9	90	6.5
Education						
< High School Graduate	134	28.7	123	28.2	259	28.5
High School Graduate or GED	193	17.7	158	26.1	351	20.9
Some College or Technical School	151	18.8	104	23.4	255	20.3
College Graduate	80	8.2	56	22.3	137	12.0
Income						
< $15,000	153	35.7	176	40.0	331	38.0
$15-$24,999	148	30.0	125	28.1	274	29.1
$25-$34,999	92	25.0	47	20.0	139	23.0
$35-$49,999	69	14.9	25	19.5	94	16.2
$50-$74,999	29	6.7	12	9.6	41	7.3
$75,000+	20	4.0	8	12.5	28	5.1
Employment Status						
Employed	282	15.8	234	23.8	517	18.6
Not Employed	56	43.2	59	36.2	115	38.9
Student/Homemaker	74	20.3	20	21.5	94	20.7
Retired/Unable to Work	146	14.2	130	26.1	278	18.4
Total	558	16.9	443	25.3	1,004	19.9

[1]Unweighted
[2]Weighted

Healthy Days

In both public and private medicine, the concept of health-related quality of life refers to the physical and mental health perceived by a person or a group of persons. Health care professionals have often used health-related quality of life to measure the effects of chronic illness in patients to better understand how an illness interferes with the day-to-day life activities of an individual.

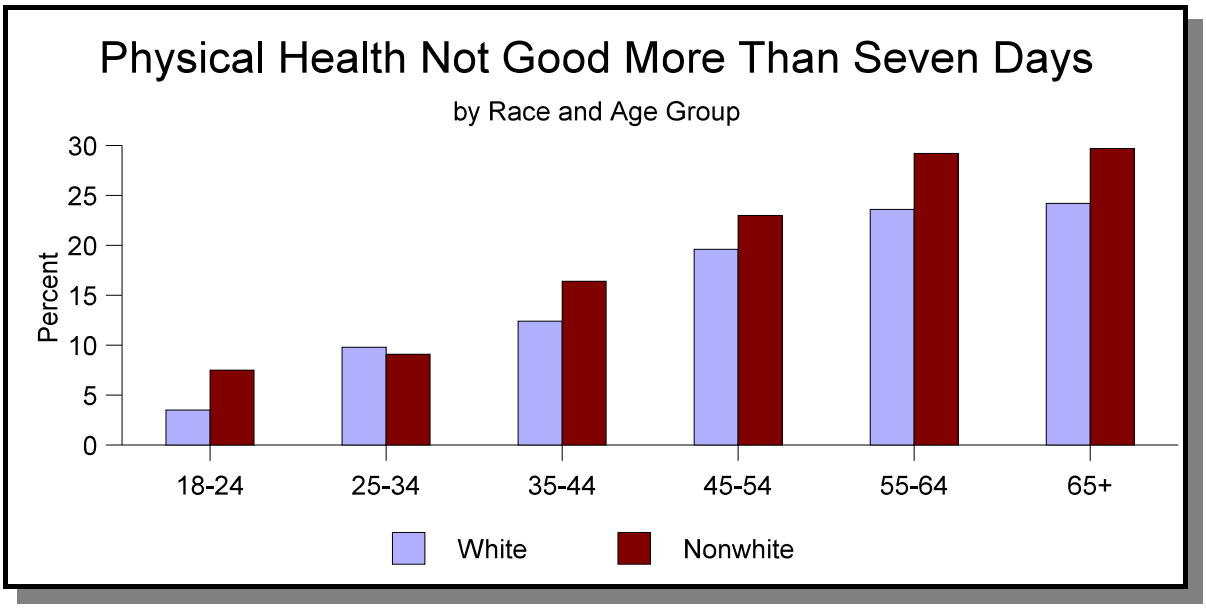

Figure 4

Similarly, health professionals use health-related quality of life to measure the effects of numerous disorders, short-term and long-term disabilities, and diseases in different populations. Tracking health-related quality of life in different populations can aid in identifying subgroups with poor physical or mental health and can help in developing policies or interventions to improve their health.

In Mississippi, the 2004 BRFSS survey showed that older people have more bad days of poor physical health while younger people have more bad days of poor mental health. Table 3 shows that people 65 years old and above reported the highest percentage (25.4) of more than seven days when their physical health was not good (24.2 percent for whites and 29.7 percent for nonwhites). Next were those in the 55 to 64 age group who reported a percentage of 25.2. The rate for whites was 23.6 percent and 29.2 percent for nonwhites.

People in the 18 to 24 year old age group had the highest percentage of seven or more days when their mental health was not good with a rate of 19.4 percent– 21.3 for whites and 16.7 for nonwhites (Figure 5).

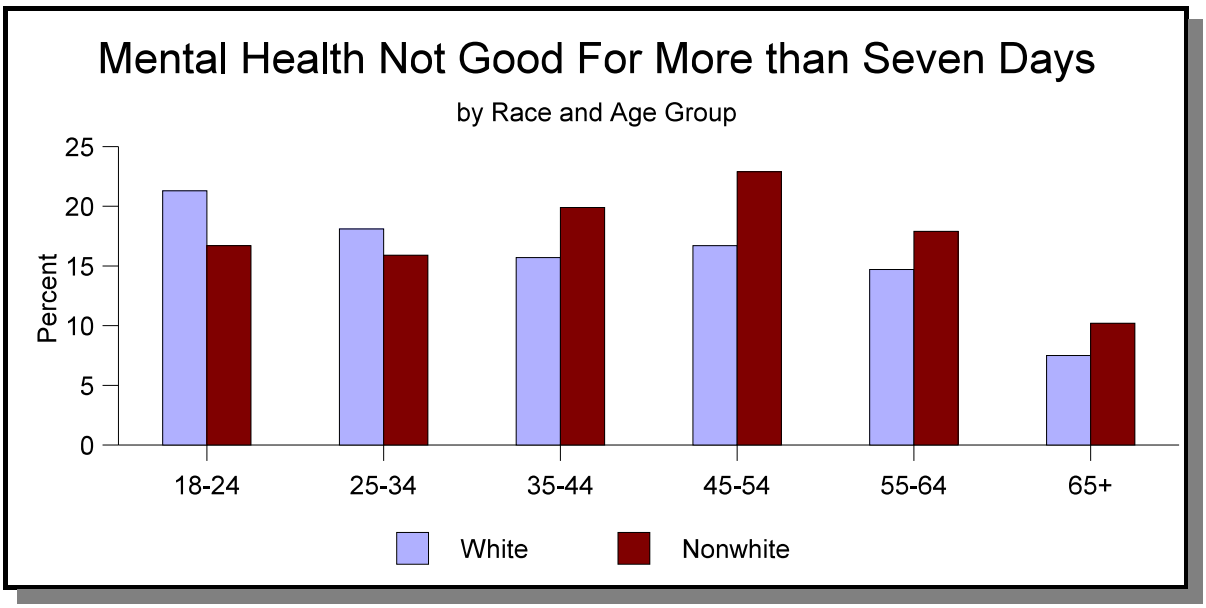
Mental Health Not Good For More than Seven Days
by Race and Age Group
Percent
25
20
15
10
5
0
18-24
25-34
35-44
45-54
55-64
65+
White
Nonwhite

Figure 5

Table 3: Physical Health Not Good For More Than Seven Days During Past Month

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	204	13.8	109	17.6	315	15.1
Female	445	18.2	231	16.5	680	17.6
Age Group						
18-24	8	3.5	10	7.5	18	5.4
25-34	56	9.8	30	9.1	86	9.5
35-44	67	12.4	57	16.4	124	13.9
45-54	129	19.6	89	23.0	220	20.8
55-64	144	23.6	74	29.2	221	25.2
65+	245	24.2	77	29.7	322	25.4
Education						
< High School Graduate	155	26.7	139	27.7	296	27.2
High School Graduate or GED	240	18.9	116	18.2	356	18.6
Some College or Technical School	149	13.6	56	12.1	208	13.2
College Graduate	105	9.6	27	7.1	133	9.0
Income						
< $15,000	209	41.7	151	29.6	363	35.2
$15-$24,999	136	22.2	86	19.5	224	21.0
$25-$34,999	56	12.4	26	10.2	82	11.5
$35-$49,999	54	9.2	9	5.8	63	8.3
$50-$74,999	44	9.8	9	7.2	53	9.2
$75,000+	35	5.6	4	5.6	39	5.6
Employment Status						
Employed	142	7.2	88	7.8	231	7.4
Not Employed	34	24.3	25	17.3	59	20.1
Student/Homemaker	59	13.9	9	8.5	68	12.3
Retired/Unable to Work	414	36.6	218	41.3	637	38.3
Total	649	16.0	340	17.0	995	16.4

[1]Unweighted
[2]Weighted

Table 4: Mental Health Not Good For More Than Seven Days During Past Month

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	134	11.4	75	13.9	211	12.4
Female	389	18.9	241	20.7	632	19.5
Age Group						
18-24	44	21.3	23	16.7	68	19.4
25-34	94	18.1	61	15.9	155	17.2
35-44	89	15.7	71	19.9	160	17.4
45-54	113	16.7	85	22.9	198	18.7
55-64	99	14.7	41	17.9	142	15.6
65+	83	7.5	33	10.2	116	8.1
Education						
< High School Graduate	117	23.5	98	22.6	216	23.1
High School Graduate or GED	191	17.3	112	19.3	303	18.1
Some College or Technical School	131	15.4	72	14.9	205	15.3
College Graduate	84	8.6	33	11.0	118	9.4
Income						
< $15,000	148	32.7	130	25.2	280	28.7
$15-$24,999	124	26.0	82	20.2	206	23.2
$25-$34,999	50	13.5	30	13.2	80	13.4
$35-$49,999	48	9.5	16	11.3	64	10.0
$50-$74,999	47	9.8	15	12.5	62	10.4
$75,000+	36	6.4	5	6.5	41	6.4
Employment Status						
Employed	229	12.7	129	13.0	359	12.8
Not Employed	38	31.3	36	27.4	75	29.7
Student/Homemaker	60	16.8	15	14.4	75	16.1
Retired/Unable to Work	196	18.3	135	25.7	333	20.9
Total	523	15.3	316	17.6	843	16.1

[1]Unweighted
[2]Weighted

Table 5: Activities Limited More Than 7 Days Because of Poor Physical or Mental Health

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	134	8.7	60	10.1	194	9.2
Female	273	11.5	178	12.7	454	12.0
Age Group						
18-24	10	5.0	7	5.5	17	5.2
25-34	37	6.3	29	8.5	66	7.2
35-44	47	7.7	53	14.0	100	10.1
45-54	101	14.4	59	14.5	161	14.5
55-64	88	13.5	45	16.4	135	14.3
65+	124	12.8	42	14.2	166	13.1
Education						
< High School Graduate	112	18.9	89	16.7	201	17.7
High School Graduate or GED	148	12.0	84	13.1	232	12.4
Some College or Technical School	87	8.7	48	8.9	137	8.8
College Graduate	60	5.0	15	4.9	76	5.0
Income						
< $15,000	149	32.4	115	22.0	266	26.8
$15-$24,999	89	14.0	59	13.2	149	13.7
$25-$34,999	33	7.1	18	6.2	51	6.7
$35-$49,999	33	5.9	7	4.7	40	5.6
$50-$74,999	27	5.3	6	4.1	33	5.0
$75,000+	11	1.9	2	3.1	13	2.0
Employment Status						
Employed	75	3.4	50	4.5	125	3.8
Not Employed	34	26.8	20	13.4	54	18.9
Student/Homemaker	33	7.5	9	8.4	42	7.8
Retired/Unable to Work	265	24.7	159	28.4	427	26.0
Total	407	10.2	238	11.5	648	10.6

[1]Unweighted
[2]Weighted

Health Status

Questions related to health status attempt to determine how people look at their personal health and how well they function physically, psychologically and socially while engaged in normal, daily activities. The questions are important in that they can indicate dysfunction and disability not measured in standard morbidity and mortality data.

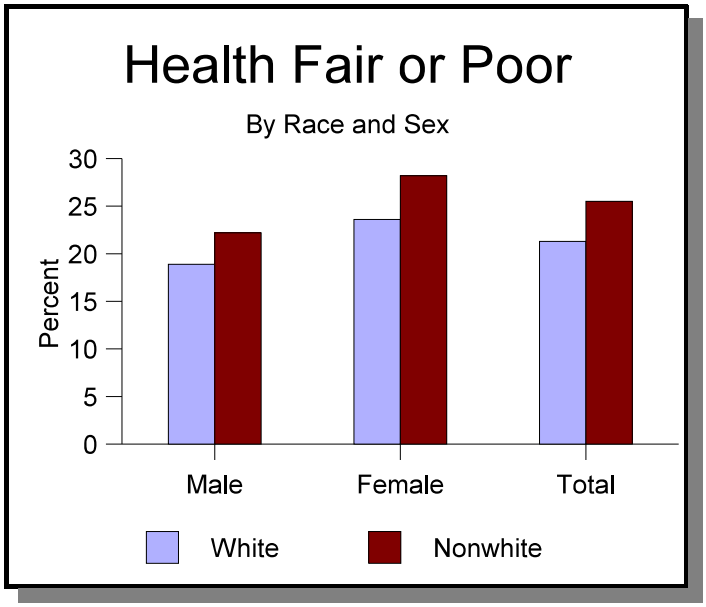

Figure 6

In Mississippi, females of both races reported their health as being worse than males and Nonwhite respondents reported fair or poor health more than whites (Figure 6) .

Not surprisingly, persons with higher incomes report their health as being better. The 2004 BRFSS Survey indicated that a person whose annual income is below $15,000 annually is more likely to report his health as being fair or poor (Figure 7).

For those 65 years of age and older, 43.4 percent said their health was no better than fair or poor (Table 6).

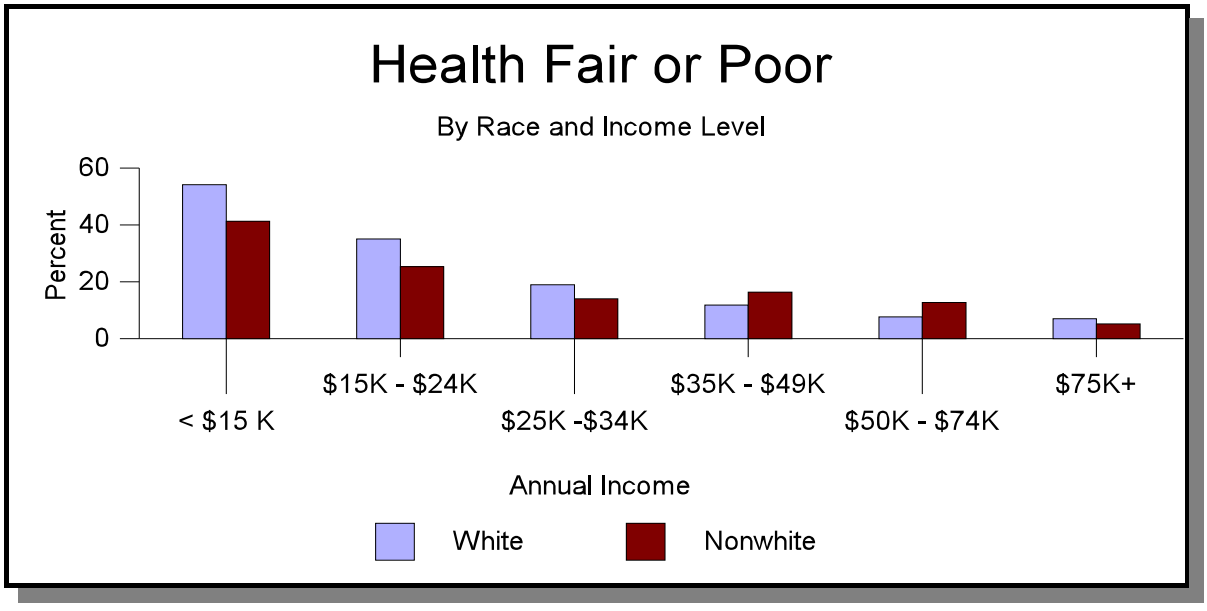

Figure 7

Table 6: General Health Fair or Poor

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	284	18.9	152	22.2	440	20.1
Female	608	23.6	397	28.2	1,010	25.4
Age Group						
18-24	11	4.6	13	8.2	24	6.2
25-34	50	9.7	41	12.5	91	10.9
35-44	73	14.0	77	21.0	150	16.7
45-54	143	21.3	132	35.5	278	26.3
55-64	203	32.7	122	49.6	328	37.3
65+	409	40.4	159	52.2	570	43.4
Education						
< High School Graduate	266	42.9	234	43.9	504	43.5
High School Graduate or GED	353	28.1	172	22.9	525	26.1
Some College or Technical School	169	14.8	96	20.1	267	16.7
College Graduate	104	8.8	44	13.2	150	10.0
Income						
< $15,000	285	54.2	223	41.3	513	47.5
$15-$24,999	216	35.1	133	25.3	351	30.6
$25-$34,999	84	18.9	38	14.0	122	16.9
$35-$49,999	71	11.8	26	16.4	97	13.1
$50-$74,999	35	7.6	14	12.7	49	8.7
$75,000+	43	7.0	4	5.2	47	6.8
Employment Status						
Employed	189	9.4	155	14.9	346	11.3
Not Employed	37	25.5	32	18.6	69	21.4
Student/Homemaker	69	14.6	18	12.8	87	14.1
Retired/Unable to Work	595	51.6	343	57.1	945	53.6
Total	892	21.3	549	25.5	1,450	22.9

[1]Unweighted
[2]Weighted

Tobacco Use

Tobacco use is the single leading preventable risk factor associated with death both in Mississippi and the United States. Each year, about one fifth of Mississippians die from tobacco-related causes. Health problems related to tobacco use include cancers, lung disease and heart disease. Over the past decade the percent of current adult smokers has not changed significantly. During the same period smokeless tobacco and cigar use among adults has increased. The MDH has a tobacco plan which includes strategies to prevent tobacco use among youth, promote cessation among youth and adults and eliminate exposure to environmental tobacco smoke.

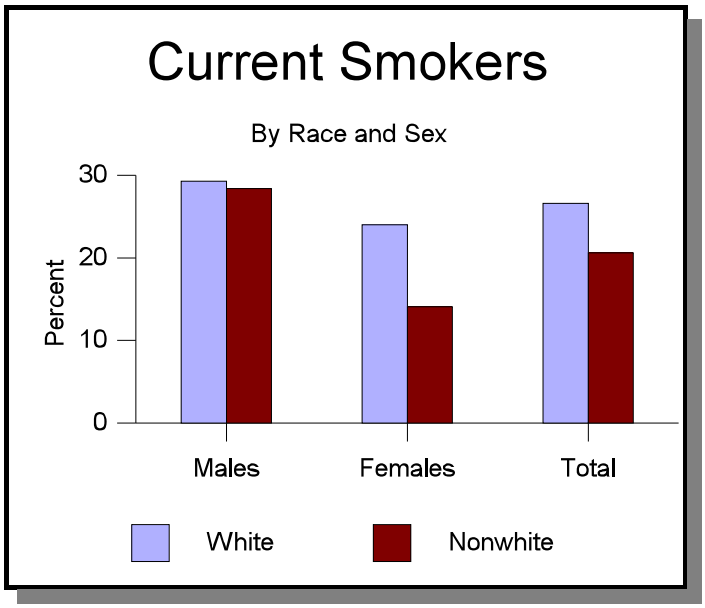

Figure 8

The 2004 BRFSS Survey revealed that the largest percentage of current smokers is white males at 29.3 percent followed closely by nonwhite males with a rate of 28.4 percent and then white females at 24.0 percent . The group with the lowest percentage of current smokers was

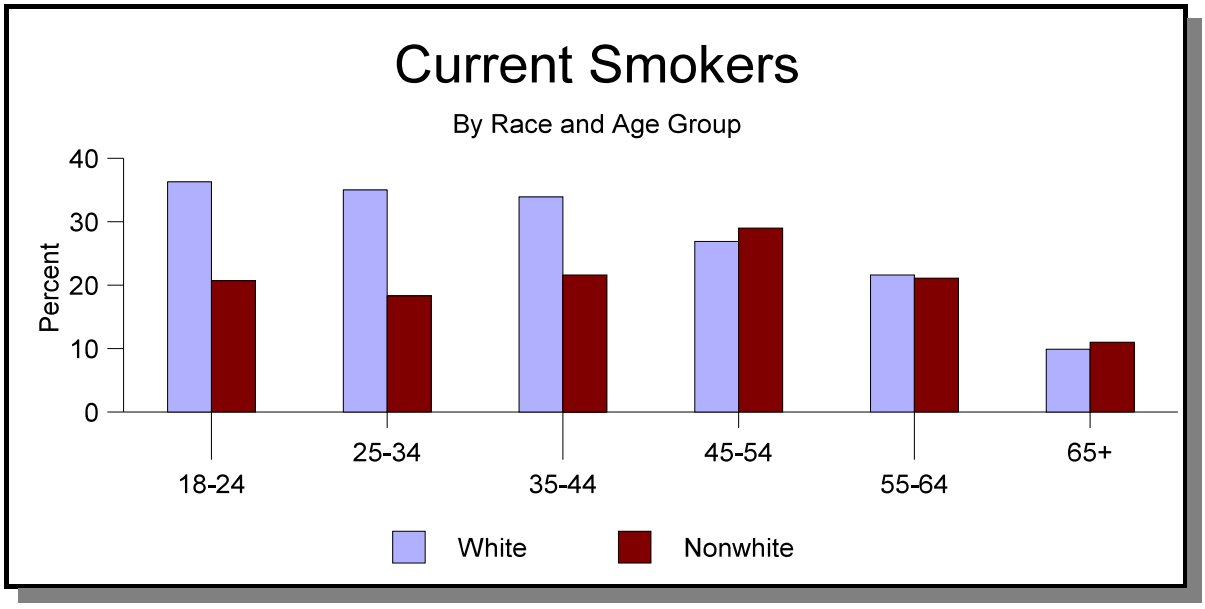

Figure 9

nonwhite females at 14.1 percent (Figure 8 and Table 7).

Overall, the rate of current smoking in Mississippi is 24.4 percent which is a slight decrease from 25.5 percent in 2003. The *Healthy People 2010* objective is 12 percent.

Table 7: Persons Who Smoke Everyday or Some Days

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	351	29.3	142	28.4	494	29.0
Female	493	24.0	178	14.1	672	20.3
Age Group						
18-24	72	36.3	23	20.7	95	28.9
25-34	166	35.0	53	18.3	219	28.1
35-44	194	33.9	67	21.6	261	29.2
45-54	171	26.9	96	29.0	268	27.6
55-64	129	21.6	47	21.1	176	21.4
65+	110	9.9	34	11.0	145	10.3
Education						
< High School Graduate	183	44.7	96	29.6	280	37.5
High School Graduate or GED	294	29.7	129	24.6	424	27.7
Some College or Technical School	227	27.1	70	15.4	297	23.1
College Graduate	140	13.3	25	8.9	165	12.1
Income						
< $15,000	152	34.9	101	25.3	254	29.8
$15-$24,999	189	38.1	79	18.5	268	28.7
$25-$34,999	107	27.8	58	25.6	165	26.9
$35-$49,999	116	24.8	16	13.7	132	21.8
$50-$74,999	100	23.9	11	9.7	111	20.6
$75,000+	79	15.8	8	11.8	88	15.3
Employment Status						
Employed	476	27.3	172	20.6	649	24.9
Not Employed	63	55.3	35	31.5	98	41.3
Student/Homemaker	82	27.3	16	13.6	98	23.2
Retired/Unable to Work	223	20.3	97	19.1	321	19.9
Total	844	26.6	320	20.6	1,166	24.4

[1]Unweighted
[2]Weighted

Diabetes

Diabetes was the eighth leading cause of death in Mississippi for the year 2003 with a death rate of 23.3 per 100,000 population. According to the 2004 BRFSS survey, 9.5 percent of all respondents reported being told by a doctor that they have diabetes which represents a decrease of 13.6 percent from the rate of 11.0 percent reported in 2003 (Table 8).

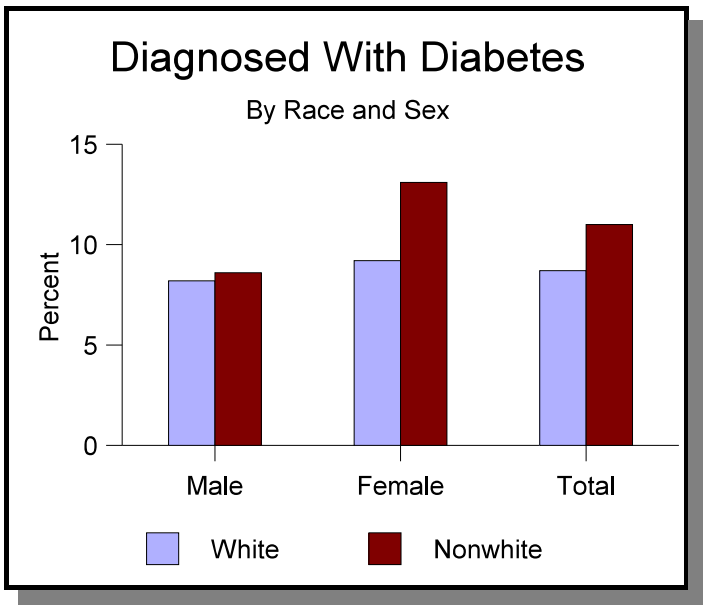

Figure 10

Nonwhite females continue to comprise the largest group, having a self-reported rate of diabetes at 13.1 percent followed by white females with a rate of 9.2 percent. Nonwhite males reported a rate of 8.6 percent and white males were the lowest at 8.2 percent (Figure 10).

As shown in Table 8, the survey revealed that diabetes increased as the level of education decreased. Respondents who have not completed high school reported a rate of 15.1 followed by those who have graduated from high school with a rate of 9.5

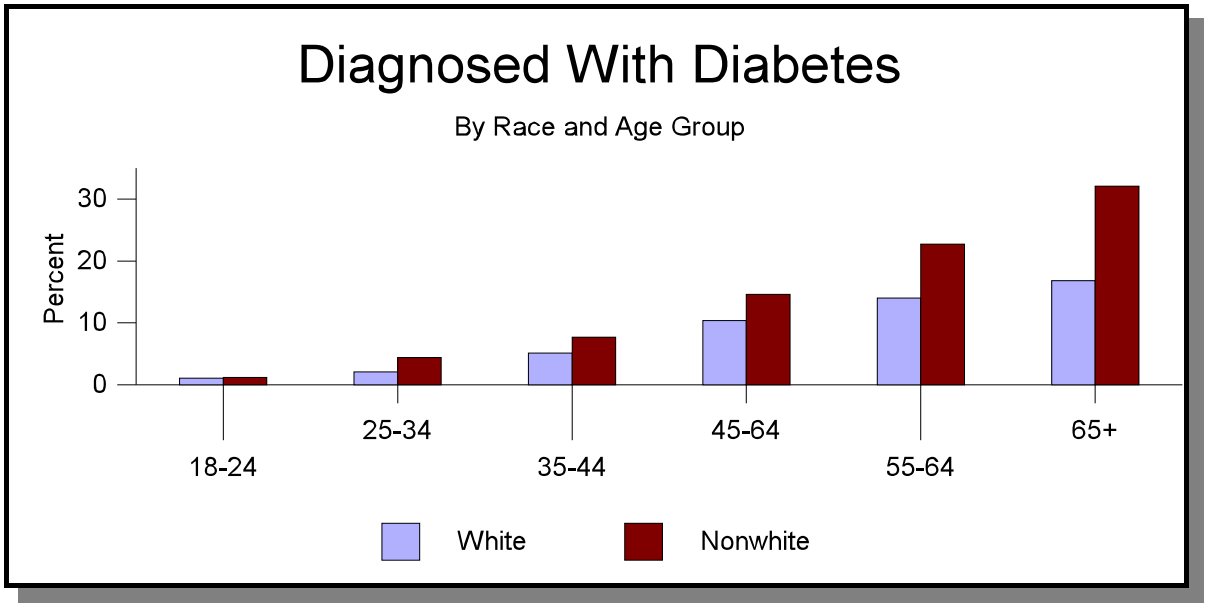

Figure 11

percent. Those with some college or technical school had a rate of 8.4 percent and college graduates reported a rate of 6.7 percent.

Clear differences appear in the age of respondents and the rate of diabetes. Only 3.6 percent of respondents under age 45 reported having diabetes while 16.2 percent of those above 45 reported they had diabetes. Respondents 65 years and older reported a rate of 20.6 percent

Table 8: Persons Who Have Been Told by a Doctor That They Have Diabetes

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	129	8.2	64	8.6	194	8.3
Female	236	9.2	189	13.1	427	10.6
Age Group						
18-24	3	1.1	2	1.2	5	1.2
25-34	11	2.1	14	4.4	25	3.1
35-44	25	5.1	27	7.7	52	6.1
45-54	65	10.4	54	14.6	120	11.9
55-64	89	14.0	61	22.7	151	16.4
65+	170	16.8	95	32.1	266	20.5
Education						
< High School Graduate	85	12.0	109	18.3	196	15.1
High School Graduate or GED	124	9.6	71	9.3	195	9.5
Some College or Technical School	90	8.4	43	8.5	133	8.4
College Graduate	66	6.2	29	8.1	96	6.7
Income						
< $15,000	91	17.2	88	14.5	179	15.7
$15-$24,999	65	9.1	64	11.7	131	10.4
$25-$34,999	39	8.9	19	6.0	58	7.7
$35-$49,999	38	6.7	12	6.6	50	6.7
$50-$74,999	34	6.3	6	6.8	40	6.4
$75,000+	34	5.5	7	7.8	41	5.8
Employment Status						
Employed	121	5.4	73	6.6	194	5.8
Not Employed	11	6.7	10	5.0	21	5.7
Student/Homemaker	25	6.0	7	2.6	32	5.0
Retired/Unable to Work	208	17.9	163	26.6	374	21.0
Total	365	8.7	253	11.0	621	9.5

[1]Unweighted
[2]Weighted

Breast Cancer Screening

A mammogram and a clinical breast examination (CBE) by a medical professional are recommended yearly by the American Cancer Society and the National Cancer Advisory Board for women over the age of 40. The American Cancer Society states that women between the ages of 20 and 39 should have a clinical breast examination every three years, and all women over age 20 should do breast self examination every month

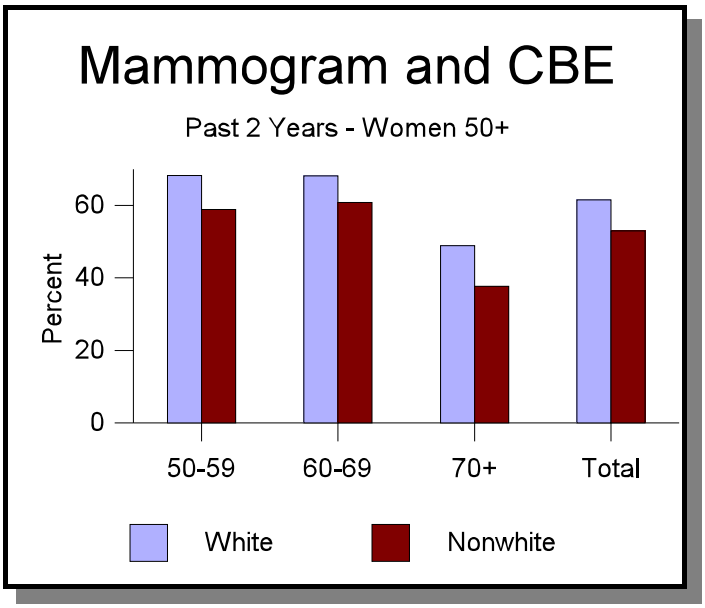

Figure 12

The MDH breast and cervical cancer program has established a goal to reduce breast cancer deaths to no more than 17.0 per 100,000 female population by 2003. In 2001 the death rate per 100,000 was 29.9, in 2002 it was 27.5 and in 2003 it was 28.6.

The 2004 BRFSS survey indicated that 78.7 percent of the women in Mississippi age 40 and above had ever had a mammogram and a clinical breast examination (Table 9). In women age 50 and older, white respondents had a mammogram and CBE within two years at a rate of 61.5 percent compared to a rate of 53.0 percent for nonwhites (Table 10).

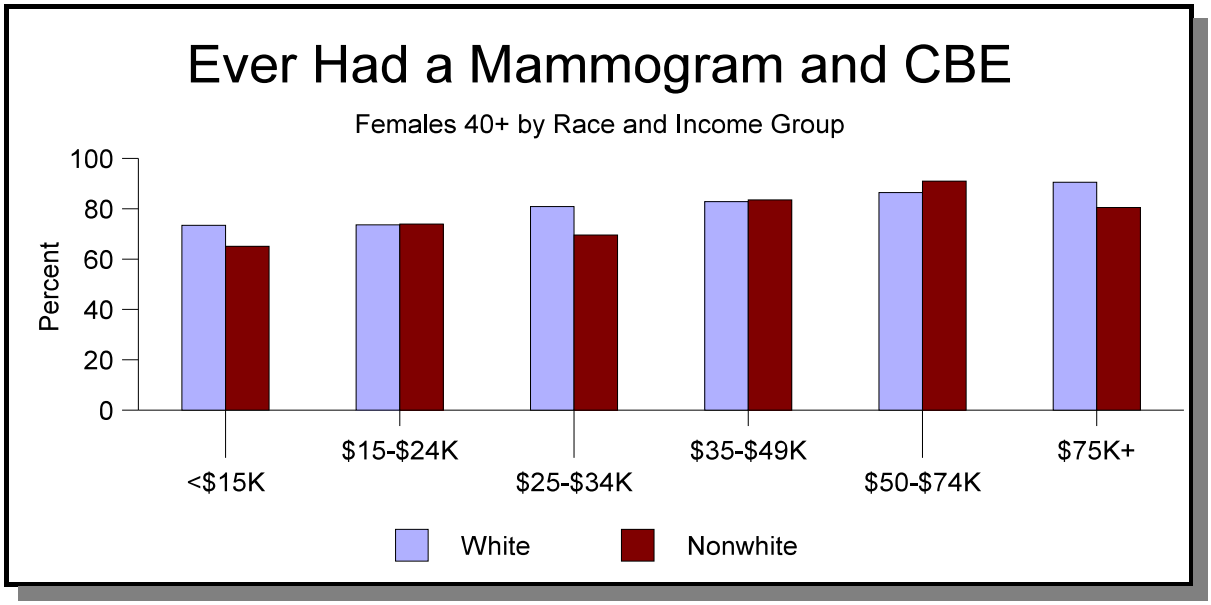

Figure 13

The Year 2010 National Health Objective is to increase to at least 70 percent the proportion of women aged 50 and older who have received a clinical breast examination and mammogram within the preceding one to two years. 2004 BRFSS data revealed that 59.1 percent of Mississippi women aged 50 and older have received a clinical breast examination and mammogram within the preceding one to two years.

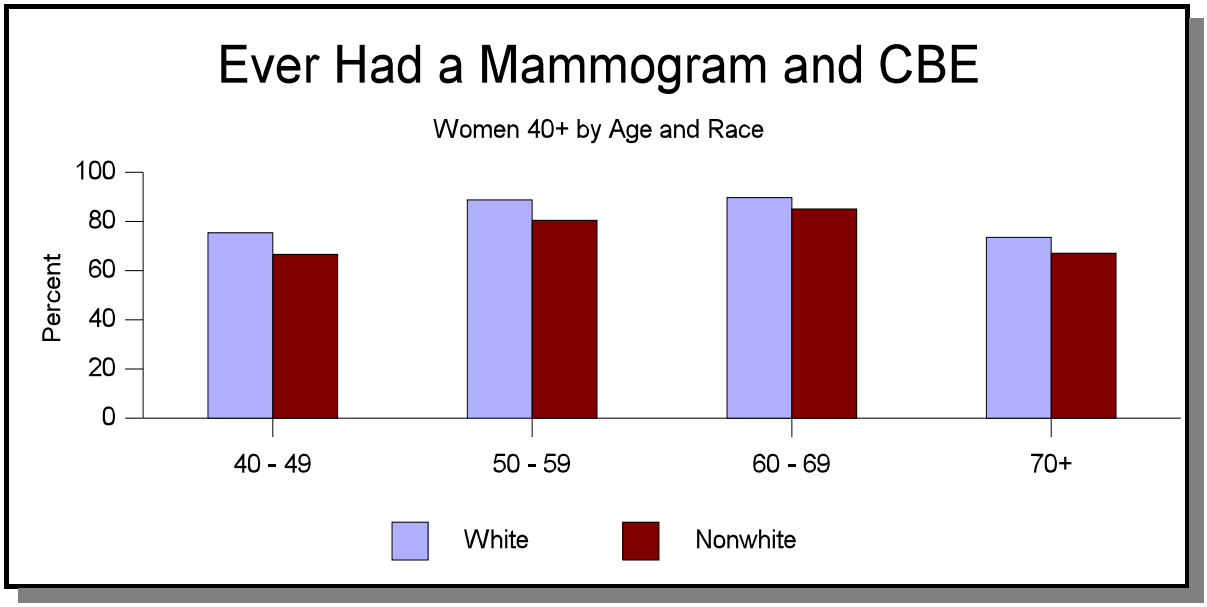

Figure 14

Centers for Disease Control surveys reveal that early detection of breast cancer has increased considerably in recent years, but in 1993 in the United States, only 47 percent of the women aged 50-64 years and 39 percent of women aged 70 years or older reported having a recent mammogram.

The Breast and Cervical Cancer Early Detection Program follows the National Cancer Advisory Board recommendations; however, because of increased incidence and mortality among older women, the program targets women aged 50 to 64.

Table 9: Females 40+ Who Have Ever Had a Mammogram and CBE

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Age Group						
40-49	267	75.4	186	66.6	456	71.9
50-59	347	88.7	166	80.5	516	86.0
60-69	356	89.7	117	85.0	474	88.6
70+	375	73.6	87	67.0	462	71.6
Education						
< High School Graduate	202	71.7	162	68.3	364	69.8
High School Graduate or GED	461	80.0	163	71.1	627	77.6
Some College or Technical School	347	81.9	128	77.8	477	80.8
College Graduate	335	89.3	102	79.0	439	86.7
Income						
< $15,000	228	73.4	172	65.1	402	69.3
$15-$24,999	228	73.6	123	73.9	352	73.8
$25-$34,999	154	80.9	62	69.6	216	77.2
$35-$49,999	155	82.8	44	83.5	199	83.0
$50-$74,999	132	86.4	30	91.0*	164	87.3
$75,000+	186	90.5	24	80.5*	211	89.1
Employment Status						
Employed	526	83.8	237	71.8	767	79.8
Not Employed	44	86.3	24	56.6*	68	73.4
Student/Homemaker	150	80.9	22	59.7*	172	77.8
Retired/Unable to Work	623	78.7	273	77.8	899	78.3
Total	1,345	81.4	556	73.1	1,908	78.7

* Sample size less than 50
[1]Unweighted
[2]Weighted

Table 10: Had a Mammogram and a CBE in the Past Two Years (Women 50+)

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Age Group						
50-59	266	68.3	124	58.9	392	65.2
60-69	265	68.2	86	60.8	352	66.4
70+	256	48.9	50	37.7	306	45.9
Education						
< High School Graduate	108	44.7	94	45.6	202	44.9
High School Graduate or GED	272	58.5	71	57.7	344	58.2
Some College or Technical School	212	66.4	51	60.1	264	65.1
College Graduate	195	76.0	44	58.0	240	72.0
Income						
< $15,000	118	45.8	78	41.8	197	44.1
$15-$24,999	137	51.8	57	59.1	195	54.1
$25-$34,999	91	64.3	23	50.6*	114	61.2
$35-$49,999	95	72.6	20	73.7*	115	72.8
$50-$74,999	82	80.3	14	90.4*	97	81.7
$75,000+	101	79.3	10	71.9*	111	78.6
Employment Status						
Employed	262	70.7	83	61.6	346	68.1
Not Employed	16	54.6*	7	41.4*	23	49.8*
Student/Homemaker	84	61.2	14	52.2*	98	59.8
Retired/Unable to Work	424	56.6	156	49.9	582	54.5
Total	787	61.5	260	53.0	1,050	59.1

* Sample size less than 50
[1]Unweighted
[2]Weighted

Cervical Cancer Screening

Healthy People 2010 states that cervical cancer is the tenth most common cancer among females in the United States, with an estimated 12,800 new cases in 2000. The number of new cases is higher among nonwhite females than among whites. An estimated 4,600 females in the United States were expected to die from cervical cancer in 2000. The disease accounts for about 1.7 percent of cancer deaths among females. Infections of the cervix with certain types of sexually transmitted virus increase the risk. Many health professionals believe it may be the single most factor responsible for cervical cancer in the nation.

There is considerable evidence to suggest that screening can reduce the number of deaths from cervical cancer. Invasive cervical cancer is often preceded by precancerous changes in cervical tissue that can be identified with a Pap test. If it is detected early, the likelihood of survival is almost 100 percent with appropriate treatment and followup. The risk of cervical cancer is substantially decreased among former smokers when compared to continuing smokers.

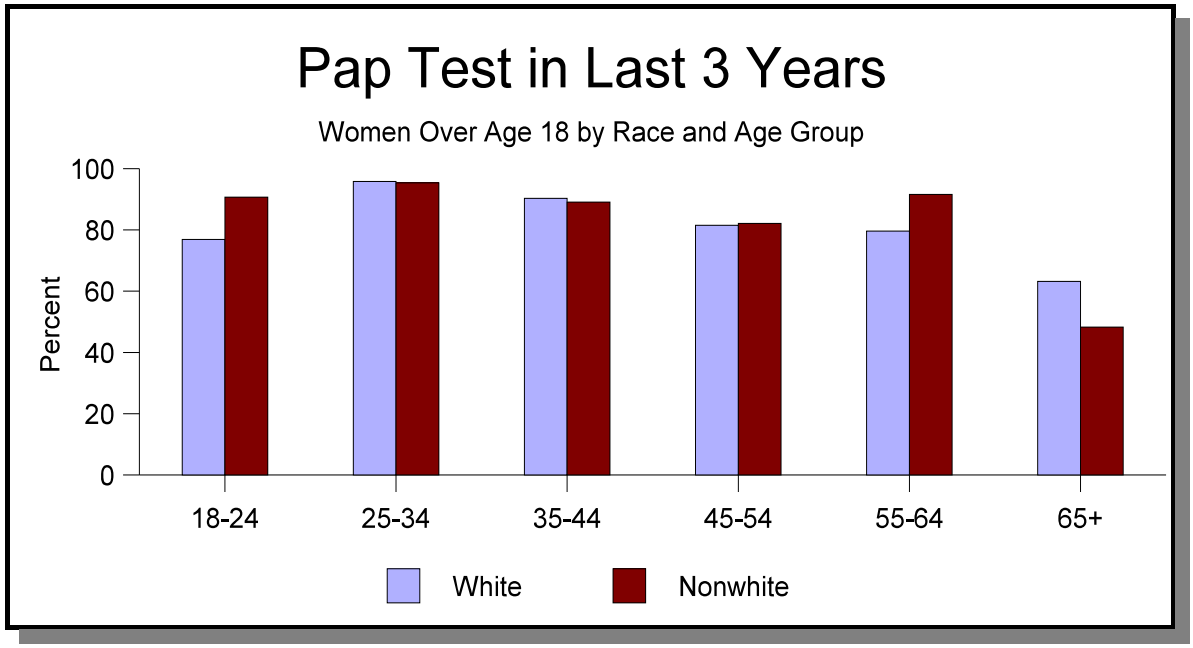

Figure 15

Year 2010 National Health Objective

1. Increase to at least 97 percent the proportion of women aged 18 and older who have ever received a Pap test.

2004 BRFSS data indicate that 94.7 percent of Mississippi women aged 18 and older

have received a Pap test (Table 11). This is the same rate that was reported in the 2003 report and represents a slight decrease from 95.2 percent reported in the 2002 BRFSS Report and the 95.2 in the 2000 Report.

2. Increase to at least 90 percent the proportion of women aged 18 and older who have received a Pap test within the preceding one to three years.

The 2004 BRFSS data indicate that 82.4 percent of Mississippi women aged 18 and older have received a Pap test within the preceding one to three years (Table 12) which is a small decrease from 82.9 percent reported in 2003. The rate of recent Pap screening among women ages 65 and older was only 55.5 percent.

Table 11: Women 18 and Older Who Have Ever Had a Pap Test

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Age Group						
18-24	89	85.2	71	89.2	160	87.1
25-34	275	97.2	219	97.1	494	97.2
35-44	243	99.4	194	97.6	437	98.6
45-54	226	98.7	138	98.1	367	98.5
55-64	155	100.0	68	97.1	225	99.1
65+	254	91.2	100	81.2	356	87.7
Education						
< High School Graduate	140	94.0	161	90.9	303	92.3
High School Graduate or GED	361	90.9	264	91.5	627	91.2
Some College or Technical School	332	96.6	207	95.8	540	96.3
College Graduate	411	98.5	162	98.1	575	98.4
Income						
< $15,000	159	90.1	233	93.1	393	92.0
$15-$24,999	196	96.4	209	95.4	406	95.9
$25-$34,999	168	96.1	113	95.6	281	95.9
$35-$49,999	181	94.8	69	99.4	250	96.3
$50-$74,999	161	97.8	43	90.0*	206	96.0
$75,000+	196	99.8	26	100.0*	223	99.8
Employment Status						
Employed	702	96.6	473	98.6	1,178	97.4
Not Employed	44	92.6*	73	86.8	117	88.7
Student/Homemaker	192	93.1	60	84.0	252	90.5
Retired/Unable to Work	304	93.7	189	89.6	497	91.9
Total	1,244	95.2	797	93.9	2,048	94.7

* Sample size less than 50
[1]Unweighted
[2]Weighted

Table 12: Women 18 and Older Who Have Had a Pap Test in Past Three Years

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Age Group						
18-24	87	82.8	71	89.2	158	85.8
25-34	253	88.2	211	92.1	464	90.0
35-44	213	86.6	172	87.1	385	86.8
45-54	184	79.8	120	83.6	306	81.1
55-64	130	85.5	60	85.4	192	85.5
65+	167	60.2	63	46.9	231	55.5
Education						
< High School Graduate	92	66.9	122	72.3	215	69.9
High School Graduate or GED	286	73.7	234	81.7	522	77.2
Some College or Technical School	279	83.8	194	90.0	473	86.2
College Graduate	378	91.6	152	92.4	532	91.9
Income						
< $15,000	112	66.6	193	76.7	305	73.0
$15-$24,999	152	78.2	189	85.9	342	82.3
$25-$34,999	136	78.5	104	89.8	240	83.2
$35-$49,999	168	87.5	66	95.6	234	90.1
$50-$74,999	147	89.1	42	88.5*	191	89.0
$75,000+	185	94.7	25	95.7*	211	94.8
Employment Status						
Employed	631	87.5	444	93.2	1,078	89.9
Not Employed	33	71.7*	61	75.7	94	74.4
Student/Homemaker	158	79.4	55	80.2	213	79.6
Retired/Unable to Work	212	65.6	142	64.9	356	65.3
Total	1,035	81.2	704	84.1	1,744	82.4

* Sample size less than 50
[1]Unweighted
[2]Weighted

Exercise

On average, physically active people outlive those who are inactive. The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death and disability in the United States and in Mississippi. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity. The risk posed by physical inactivity is almost as high as several well-known CHD risk factors, such as cigarette smoking, high blood pressure and high blood cholesterol. Physical inactivity is more prevalent than any other one of these other risk factors.

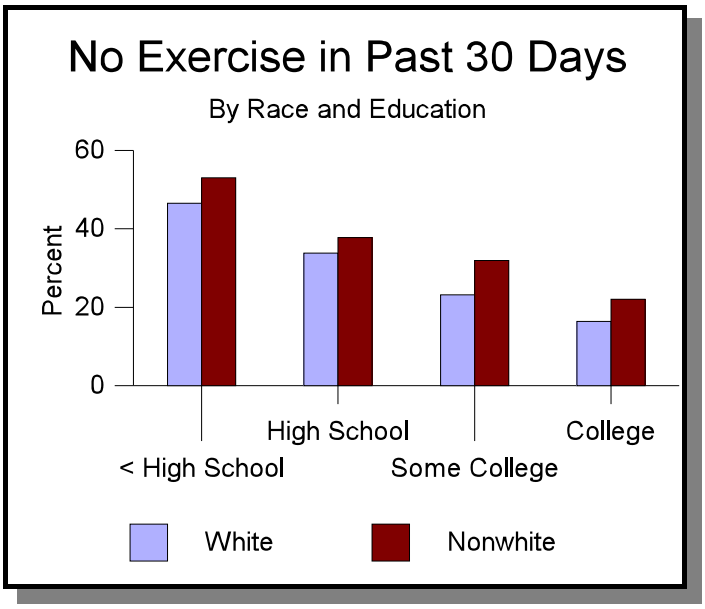

Figure 16

Regular physical activity is important for people who have joint or bone problems and has been shown to improve muscle function, cardiovascular function, and physical performance. People with osteoporosis may respond positively to regular physical activity, particularly weight bearing activities, such as walking, and especially when combined with appropriate drug therapy and calcium intake.

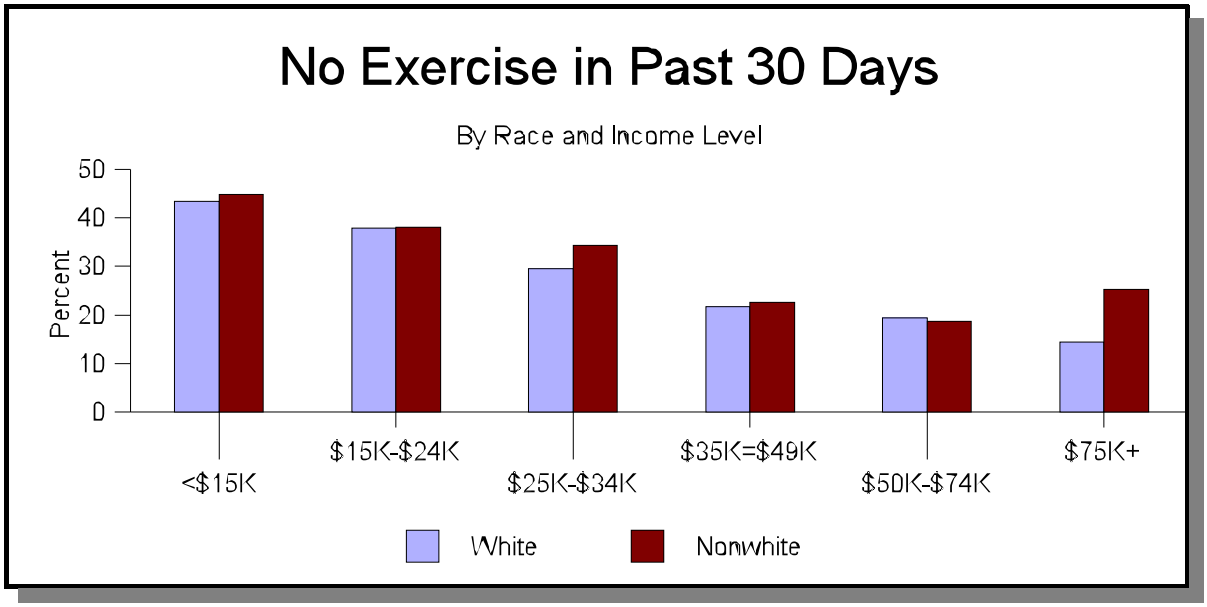

Figure 17

The 2004 BRFSS survey revealed that 31.3 percent of the population (is at risk for not participating in any physical activity outside of work in the past 30 days (Table 13). People with less education (Figure 16) and in lower income levels (Figure 17) and reported the highest percentage of being at risk.

Table 13: No Exercise in Past 30 Days

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	351	24.8	191	33.3	545	27.9
Female	750	30.9	478	40.2	1,234	34.4
Age Group						
18-24	36	17.6	44	31.5	81	24.4
25-34	120	23.4	119	32.0	239	27.0
35-44	141	23.8	115	34.2	256	27.8
45-54	185	26.5	138	38.9	326	30.8
55-64	214	33.5	108	43.7	323	36.1
65+	404	40.2	140	52.5	548	43.4
Education						
< High School Graduate	259	46.5	222	53.0	486	49.8
High School Graduate or GED	417	33.8	235	37.8	653	35.3
Some College or Technical School	241	23.2	139	31.9	381	26.1
College Graduate	184	16.4	71	22.0	256	18.0
Income						
< $15,000	242	43.4	222	44.8	467	44.2
$15-$24,999	229	37.9	172	38.0	402	37.9
$25-$34,999	131	29.5	75	34.4	206	31.5
$35-$49,999	120	21.7	34	22.6	154	22.0
$50-$74,999	93	19.4	27	18.7	120	19.2
$75,000+	88	14.5	17	25.3	106	16.0
Employment Status						
Employed	461	22.4	309	30.8	772	25.4
Not Employed	38	29.9	53	41.0	92	36.8
Student/Homemaker	91	22.4	29	27.9	120	24.0
Retired/Unable to Work	509	43.0	277	53.4	792	46.8
Total	1,101	28.0	669	37.1	1,779	31.3

[1]Unweighted
[2]Weighted

Overweight and Obesity

The proportion of overweight persons has increased substantially during the past twenty years. Morbidity related to being overweight is the second leading cause of death in the United States and causes approximately 300,000 deaths each year. Overweight persons substantially increase their risk of illness from hypertension, high cholesterol, Type 2 diabetes, heart disease and stroke, gallbladder disease, endometrial, breast, prostate and colon cancers and arthritis. Overweight people may also suffer from social stigmatization, discrimination and low self-esteem.

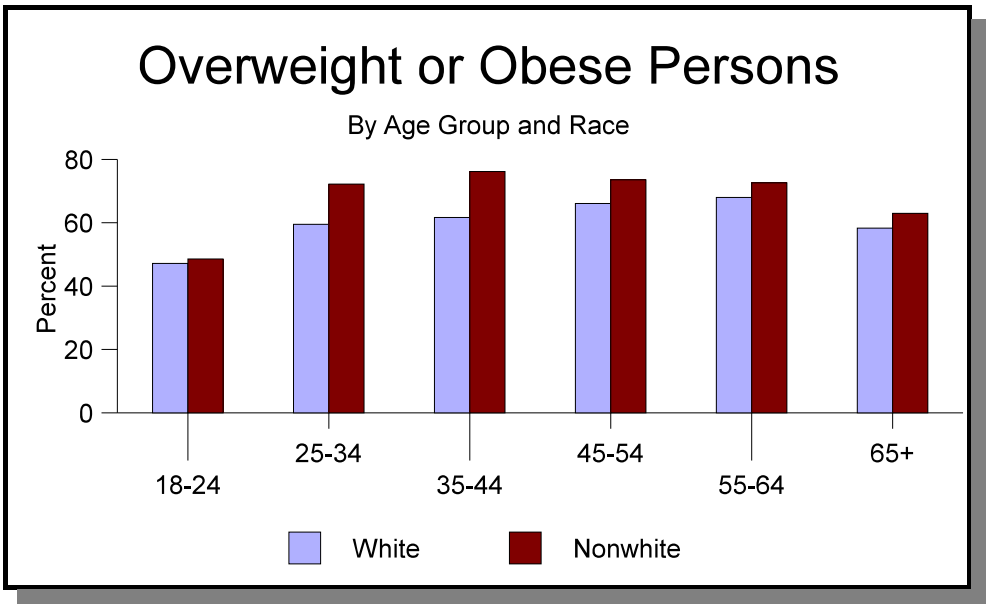

Figure 18

Weight may be controlled by dietary changes such as decreasing caloric intake and by increasing physical activity.

As presented in Table14, the 2004 BRFSS study 63.0 percent of those surveyed in Mississippi reported themselves as being either overweight (BMI ≥ 25) or obese (BMI ≥30). In year 2003 the self-reported rate was 62.2 percent and in 2002 it was 60.8 percent.

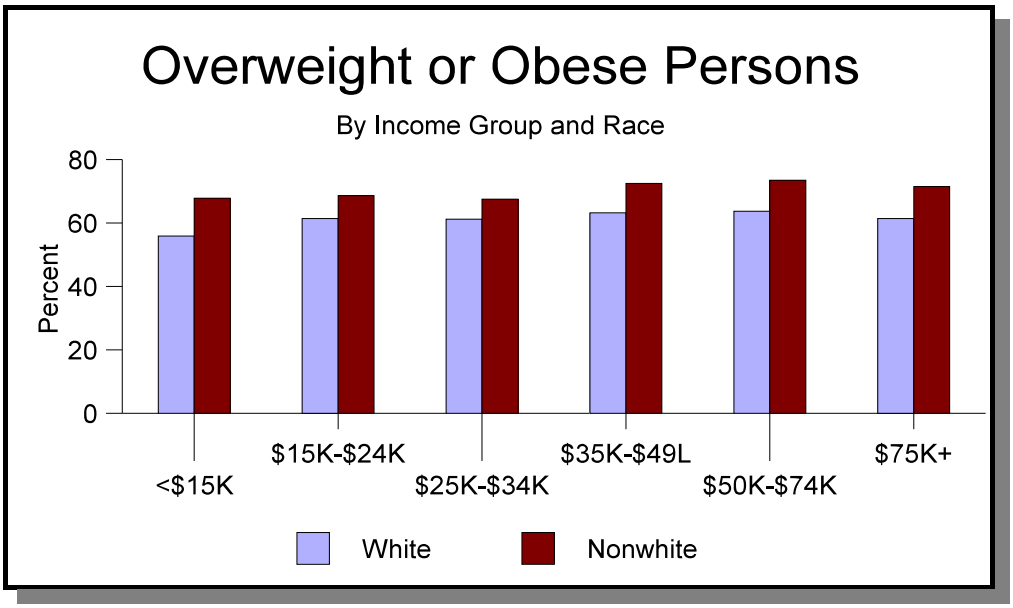

Figure 19

Table 14: People at Risk From Being Overweight or Obese (Based on BMI)

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	939	72.2	358	67.4	1,301	70.5
Female	1,147	49.5	851	67.5	2,006	56.2
Age Group						
18-24	91	47.2	73	48.6	165	48.0
25-34	278	59.5	238	72.2	516	64.8
35-44	332	61.7	252	76.2	584	67.3
45-54	407	66.1	275	73.6	686	68.7
55-64	400	68.0	180	72.6	585	69.3
65+	573	58.3	185	63.0	759	59.3
Education						
< High School Graduate	312	60.2	293	66.6	608	63.1
High School Graduate or GED	673	62.0	406	69.6	1,081	64.9
Some College or Technical School	539	60.2	297	68.0	838	62.8
College Graduate	561	59.2	210	63.5	775	60.4
Income						
< $15,000	282	55.9	340	67.8	626	62.2
$15-$24,999	350	61.4	309	68.6	661	64.8
$25-$34,999	258	61.2	164	67.5	422	63.7
$35-$49,999	318	63.2	110	72.5	428	65.7
$50-$74,999	273	63.7	81	73.5	356	66.0
$75,000+	315	61.4	51	71.5	366	62.6
Employment Status						
Employed	1,167	63.7	662	69.8	1,834	65.8
Not Employed	53	45.4	89	66.4	143	57.8
Student/Homemaker	157	44.6	66	50.9	223	46.5
Retired/Unable to Work	707	61.9	390	67.7	1,103	63.9
Total	2,086	60.5	1,209	67.4	3,307	63.0

[1]Unweighted
[2]Weighted

Table 15: Persons With Healthy Weight

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	330	27.1	132	29.8	463	28.0
Female	966	44.9	270	25.4	1,239	37.7
Age Group						
18-24	103	50.6	63	49.9	166	50.1
25-34	208	39.0	81	24.9	289	33.1
35-44	204	34.4	68	18.2	272	28.2
45-54	196	30.2	78	22.8	275	27.6
55-64	181	27.7	45	19.0	227	25.2
65+	401	38.6	67	24.4	470	35.2
Education						
< High School Graduate	184	37.4	91	24.6	277	31.4
High School Graduate or GED	390	34.5	129	27.2	520	31.7
Some College or Technical School	332	36.0	94	28.6	427	33.5
College Graduate	389	38.0	88	30.3	477	35.8
Income						
< $15,000	194	41.7	109	25.8	305	33.2
$15-$24,999	210	35.4	93	28.0	303	31.8
$25-$34,999	148	35.8	59	27.7	207	32.6
$35-$49,999	180	34.8	40	25.9	220	32.4
$50-$74,999	160	33.8	26	24.9	186	31.7
$75,000+	204	35.9	18	23.8	223	34.4
Employment Status						
Employed	629	33.3	227	26.8	857	31.0
Not Employed	65	53.7	31	28.3	96	38.8
Student/Homemaker	162	49.8	30	44.7	192	48.3
Retired/Unable to Work	437	35.0	113	22.8	553	30.8
Total	1,296	36.3	402	27.4	1,702	33.1

[1]Unweighted
[2]Weighted

Sunburn

The American Cancer Society estimates that more than one million new cases of highly curable basal cell or squamous cell cancers and about 2,000 non-melanoma skin cancer deaths occurred in 2001. The most serious form of skin cancer is melanoma which was diagnosed in approximately 51,400 persons in 2001 causing an estimated 7,800 deaths. From 1981 to 1998 the incidence of melanoma increased an average 2.8 percent per year and mortality increased 0.4 percent per year.

The primary risk factor for skin cancer is excessive exposure to ultraviolet (UV) radiation, and personal characteristics associated with increased skin sensitivity to UV radiation such as fair skin and easy sunburning.

Current data suggest that cumulative UV exposure is important in the development of squamous cell carcinoma, whereas episodic UV exposure is more important in the development of melanoma and basal cell carcinoma. Sunburns, whether received in childhood or adulthood, have been associated with an increased risk in the development of melanoma and basal cell

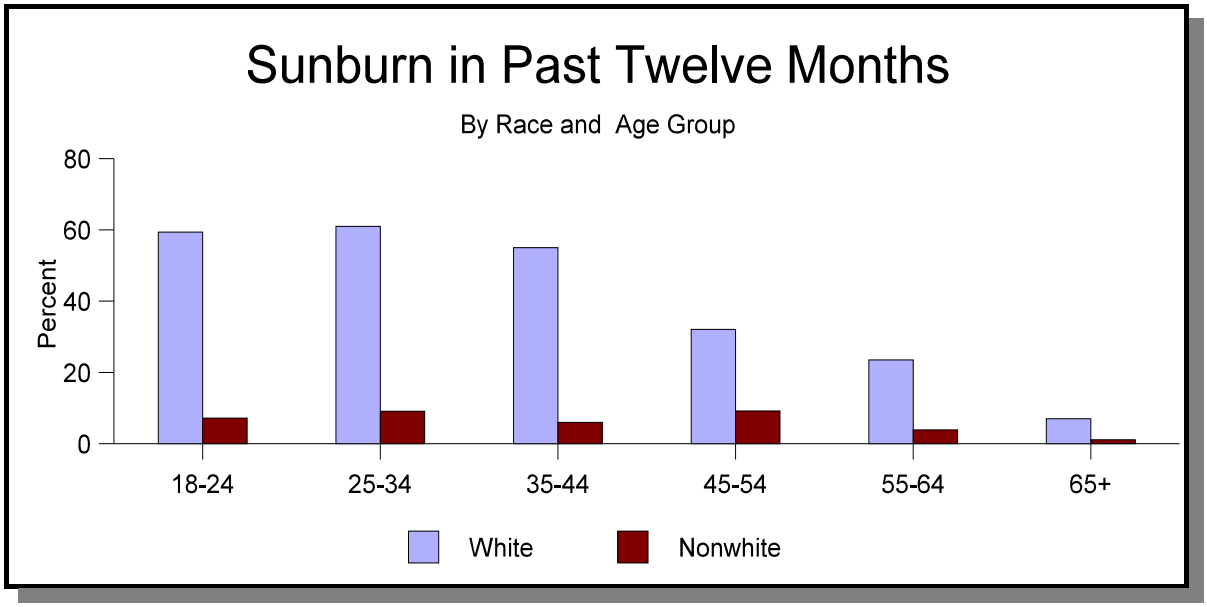

Figure 20

carcinoma. Measurement of sunburn is considered an important core component of routine surveillance of skin cancer prevention behavior. Sunburn is a good indicator of poor sun protection and represent a good measure of the UVR dose received.

The 2004 BRFSS survey revealed that 26.9 percent of respondents reported having suffered a sunburn within the past twelve months (Table 16). As seen in Figure 20, a wide difference was reported according race. White respondents reported a rate almost six times higher than nonwhites at 38.3 percent compared to only 6.7 percent for nonwhites. White males,

with rate of 46.0 percent, were almost eight times more likely to have reported a sunburn than nonwhite males who had a rate of only 5.8 percent.

As further indicated in Figure 20, sunburns tend to decrease with age and further highlight the clear differences with respect to race.

Table 16: Had a Sunburn in the Past Twelve Months

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	514	46.0	30	5.8	546	32.1
Female	581	31.1	74	7.4	655	22.2
Age Group						
18-24	117	59.4	11	7.2	128	34.8
25-34	289	61.0	26	9.1	315	39.3
35-44	302	55.0	21	6.0	323	36.2
45-54	190	32.1	30	9.2	220	24.2
55-64	133	23.5	9	3.9	144	18.4
65+	62	7.0	6	1.1	68	5.6
Education						
< High School Graduate	102	28.4	15	3.6	118	16.6
High School Graduate or GED	298	34.3	26	6.0	324	23.5
Some College or Technical School	278	38.9	29	8.2	307	28.6
College Graduate	416	47.3	34	9.9	451	37.2
Income						
< $15,000	85	23.6	24	5.6	110	14.0
$15-$24,999	130	30.4	17	5.5	147	18.5
$25-$34,999	136	37.3	16	6.4	152	24.9
$35-$49,999	196	45.0	14	7.1	210	34.8
$50-$74,999	199	47.3	10	8.0	209	38.3
$75,000+	237	47.7	10	15.1	247	43.3
Employment Status						
Employed	823	48.6	70	7.9	894	34.3
Not Employed	46	43.2	7	5.4	53	21.4
Student/Homemaker	107	40.1	9	8.9	116	30.8
Retired/Unable to Work	119	12.6	18	3.5	138	9.4
Total	1,095	38.3	104	6.7	1,201	26.9

[1]Unweighted
[2]Weighted

Asthma

According to the *Healthy People 2010*, asthma is a serious and growing health problem. An estimated 14.9 million persons in the United States have asthma. The number of people with asthma increased by 102 percent between 1979-80 and 1993-94.

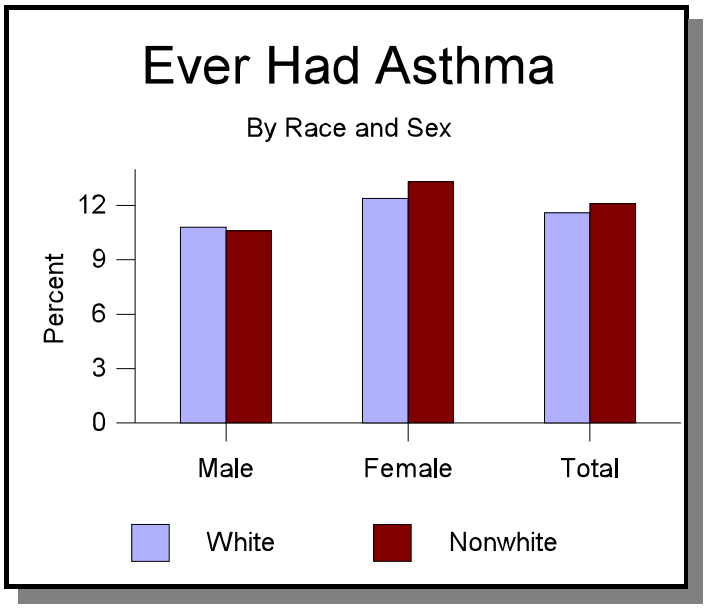

Figure 21

Most of the problems caused by asthma could be averted if persons with asthma and their health care providers managed the disease according to established guidelines. Effective management of asthma comprises four major components: controlling exposure to factors that trigger asthma episodes, adequately managing asthma with medicine, monitoring the disease by using objective measures of lung function, and educating asthma patients to become partners in their own care.

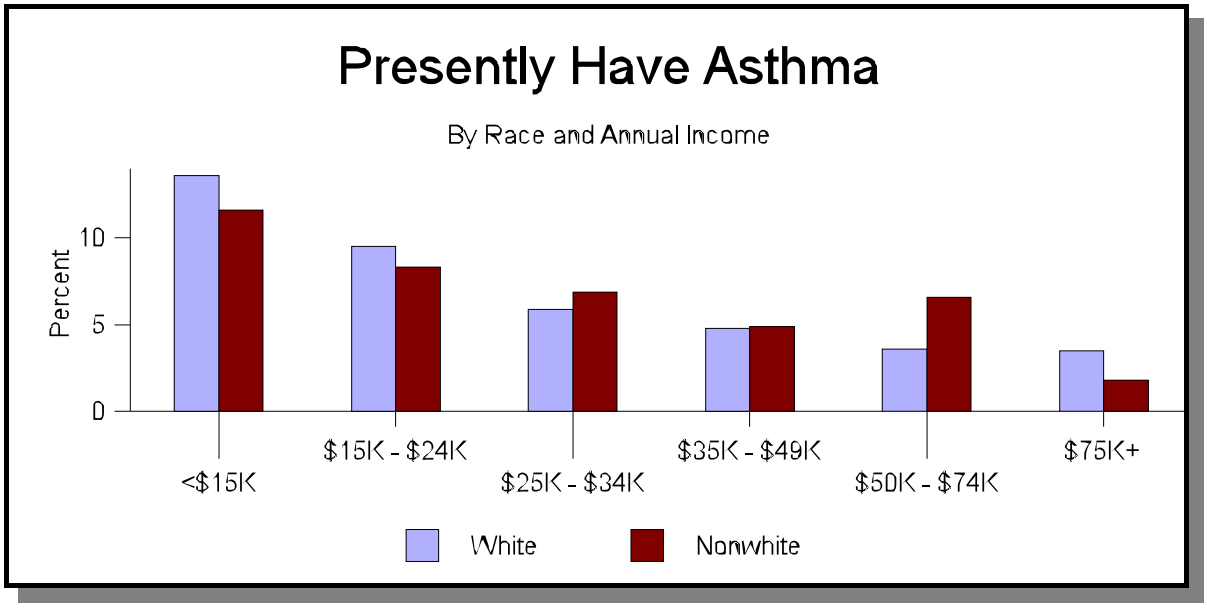

Figure 22

In Mississippi, the 2004 BRFSS survey revealed that 11.8 percent of the respondents said that they had ever had asthma (Table 17), a small increase from the rate of 10.9 reported in 2003. The nonwhite rate was 12.1 percent compared to 11.6 percent for white respondents. A little more than seven percent of the respondents reported they currently have asthma. Figure 22 shows that the rate for current asthma is much higher in both races when the annual income is below $15 thousand annually. Women of both races reported a higher rate of current asthma than men (Figure 21).

Table 17: Ever Diagnosed With Asthma

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	129	10.8	50	10.6	180	10.7
Female	280	12.4	165	13.3	446	12.7
Age Group						
18-24	33	17.4	20	13.0	53	15.2
25-34	61	11.8	38	12.3	99	12.0
35-44	58	10.2	44	11.5	102	10.7
45-54	70	10.1	48	12.9	118	11.1
55-64	76	11.9	28	10.6	106	11.7
65+	111	10.5	34	10.4	145	10.4
Education						
< High School Graduate	90	17.8	60	12.7	151	15.4
High School Graduate or GED	125	10.8	75	13.9	200	12.0
Some College or Technical School	101	11.6	52	11.6	153	11.6
College Graduate	93	9.4	28	8.4	122	9.2
Income						
< $15,000	94	19.6	79	17.2	174	18.3
$15-$24,999	76	13.6	55	13.2	132	13.4
$25-$34,999	39	8.8	26	10.6	65	9.5
$35-$49,999	47	8.3	14	9.3	61	8.6
$50-$74,999	36	9.0	10	9.0	46	8.9
$75,000+	45	10.0	3	3.3	48	9.1
Employment Status						
Employed	175	9.4	84	9.5	259	9.4
Not Employed	20	20.1	23	18.8	43	19.2
Student/Homemaker	50	17.3	19	13.4	69	16.1
Retired/Unable to Work	164	13.2	89	15.3	255	14.0
Total	409	11.6	215	12.1	626	11.8

[1]Unweighted
[2]Weighted

Table 18: People Who Presently Have Asthma

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	73	5.5	30	5.8	104	5.6
Female	181	7.8	118	9.4	299	8.4
Age Group						
18-24	16	6.9	14	8.6	30	7.7
25-34	38	7.0	24	6.6	62	6.8
35-44	34	6.3	31	8.0	65	6.9
45-54	41	5.7	32	8.1	73	6.5
55-64	56	8.2	22	7.5	79	8.1
65+	69	6.5	24	7.7	93	6.8
Education						
< High School Graduate	65	13.1	44	9.5	110	11.4
High School Graduate or GED	78	6.2	54	8.9	132	7.2
Some College or Technical School	60	6.2	31	5.8	91	6.0
College Graduate	51	4.4	19	6.1	70	4.8
Income						
< $15,000	65	13.6	57	11.6	123	12.6
$15-$24,999	57	9.5	39	8.3	96	8.9
$25-$34,999	26	5.9	17	6.9	43	6.3
$35-$49,999	29	4.8	8	4.9	37	4.8
$50-$74,999	16	3.6	6	6.6	22	4.2
$75,000+	22	3.5	2	1.8	24	3.3
Employment Status						
Employed	97	4.7	51	5.2	148	4.9
Not Employed	15	16.7	18	13.2	33	14.6
Student/Homemaker	28	8.2	10	5.9	38	7.5
Retired/Unable to Work	114	9.1	69	12.4	184	10.3
Total	254	6.7	148	7.8	403	7.1

[1]Unweighted
[2]Weighted

Oral Health

Oral health is an essential and integral component of health throughout life. According *Healthy People 2010*, poor oral health and untreated oral diseases and conditions can have a significant impact on quality of life. Millions of people in the United States are at high risk for oral health problems. Oral and facial pain affects a substantial proportion of the general population.

A full dentition is defined as having 28 natural teeth, exclusive of third molars and teeth removed for orthodontic treatment or as a result of trauma. Most persons can keep their teeth for life with optimal personal, professional and preventive practices.

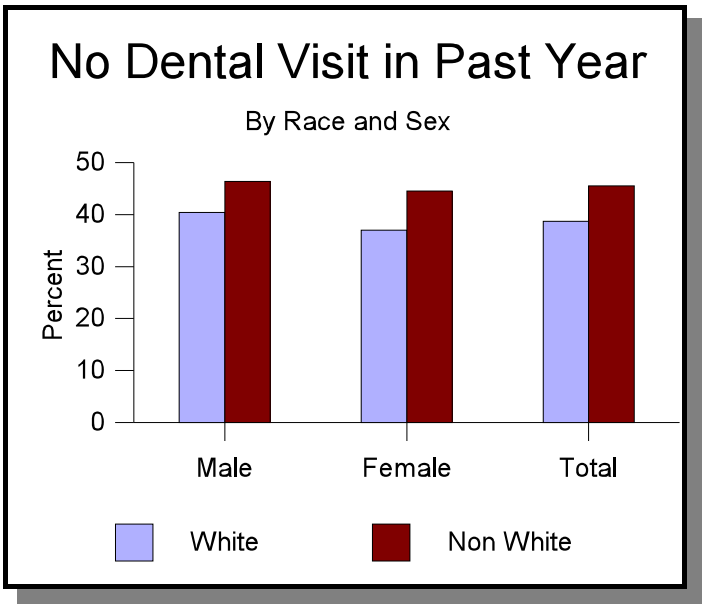

Figure 23

Early tooth loss has been shown to be a predictor of eventual edentulism. As teeth are lost, the ability to chew and speak decreases along with the ability to function properly socially. The 2010 national goal for the proportion of adults who have never had permanent teeth extracted is 42 percent. According to the 2004 BRFSS Survey for Mississippi 43.0 percent of the respondents reported having none of their permanent teeth removed. In 2002 the rate was 40.3 percent.

Older people reported the loss of permanent teeth much more frequently than their younger counterparts. Almost 77 percent of respondents in the 18-24 age category reported no loss of permanent teeth while a little more than fifteen percent in the over age 65 category reported no loss of permanent teeth (Table 19). The rate for white respondents with no permanent tooth loss was 47.3 percent; for nonwhites it was 35.3 percent.

Oral health diseases such as tooth decay and periodontal diseases are common health problems in Mississippi yet, as reflected in Table 20, 41.1 percent of respondents from the 2004 BRFSS Survey reported that they have not seen a dentist within the last twelve months. Failure to see a dentist within the past year was observed most frequently among white respondents who have less than a high school education (65.9 percent) followed by whites whose income is less than $15,000 per year (60.2 percent). Next were nonwhite respondents who have less than a high school education (59.1 percent) and then white respondents whose annual income is between $15 thousand and $25 thousand per year (54.0 percent), followed by nonwhites whose annual income is between $15 thousand and $25 thousand per year (47.4 percent)

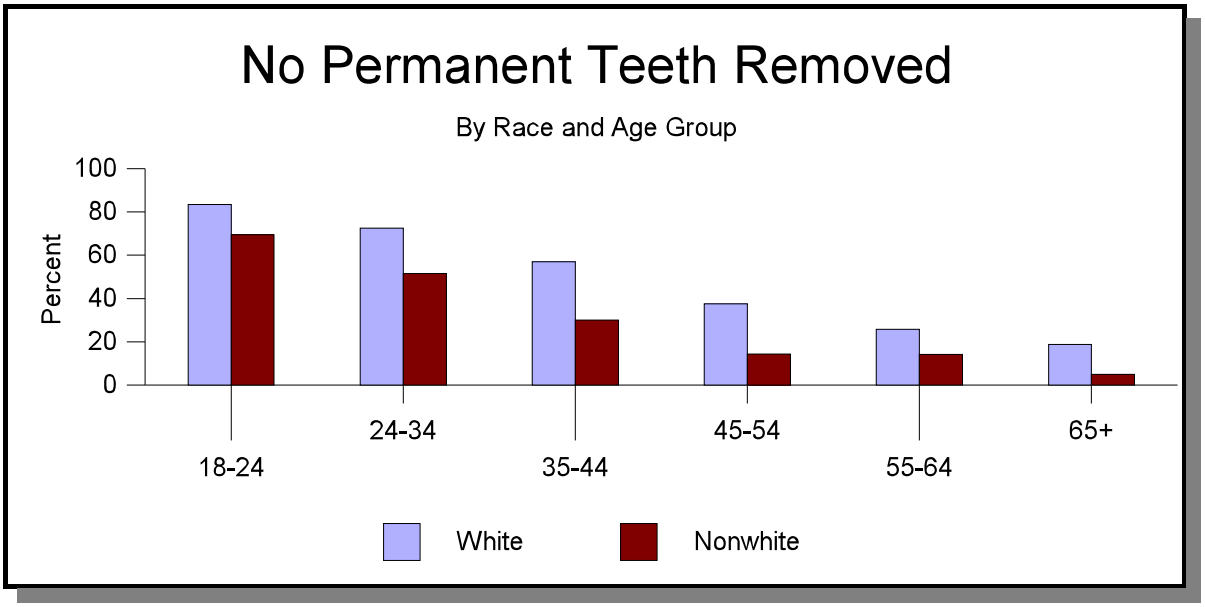

Figure 24

Predictably, people with incomes above $75,000 per year reported the lowest number of visits outside a year with a rate of 19.2 percent. The survey further revealed that as the income of the respondent decreases, so also the number of visits to a dentist within a year decreases. With respect to race, 46.4 percent of the nonwhite males reported no visits to a dental facility within a year compared to 40.4 percent for white males. The rate of no dental visits within the past year for nonwhite females was 44.5 percent while white females reported a rate of 37.0 percent (Figure 23).

Table 19: No Permanent Teeth Ever Extracted

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	557	49.8	135	37.1	694	45.4
Female	884	45.0	318	33.8	1,204	40.8
Age Group						
18-24	164	83.4	97	69.4	262	76.9
25-34	362	72.6	159	51.5	521	63.8
35-44	325	57.0	101	30.0	426	46.6
45-54	233	37.5	46	14.4	279	29.5
55-64	153	25.7	33	14.2	189	22.7
65+	199	18.8	14	4.9	213	15.4
Education						
< High School Graduate	95	28.9	64	21.1	160	25.1
High School Graduate or GED	330	36.3	145	37.2	475	36.6
Some College or Technical School	399	51.1	134	44.2	533	48.7
College Graduate	616	65.6	110	38.4	729	58.4
Income						
<$15,000	96	27.0	94	24.4	191	25.5
$15-$24,999	162	34.0	118	38.0	281	35.9
$25-$34,999	152	38.9	66	35.9	218	37.7
$35-$49,999	245	51.2	55	39.9	300	48.1
$50-$74,999	253	59.6	39	42.6	292	55.6
$75,000+	342	66.3	24	30.6	366	61.5
Employment Status						
Employed	977	56.2	303	38.4	1,282	50.0
Not Employed	54	52.9	44	49.0	99	51.1
Student/Homemaker	167	59.1	48	65.3	215	61.0
Retired/Unable to Work	240	20.3	58	13.2	299	17.7
Total	1,441	47.3	453	35.3	1,898	43.0

[1]Unweighted
[2]Weighted

Table 20: No Dental Visit in the Past Year

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	536	40.4	247	46.4	787	42.5
Female	845	37.0	551	44.5	1,400	39.8
Age Group						
18-24	56	27.8	48	33.9	104	30.5
25-34	190	40.0	119	40.2	309	40.1
35-44	224	40.5	139	44.9	363	42.2
45-54	238	38.7	183	52.3	423	43.3
55-64	237	38.8	128	51.2	367	42.2
65+	432	42.7	177	61.6	613	47.5
Education						
< High School Graduate	327	65.0	266	59.1	598	62.4
High School Graduate or GED	495	43.8	276	46.7	772	44.9
Some College or Technical School	315	32.6	159	38.9	474	34.6
College Graduate	243	25.2	95	33.8	339	27.4
Income						
< $15,000	304	60.2	286	59.3	593	59.8
$15-$24,999	298	54.0	200	47.4	499	50.9
$25-$34,999	179	45.3	88	40.8	267	43.5
$35-$49,999	165	33.3	45	32.7	210	33.1
$50-$74,999	135	32.1	24	21.8	159	29.7
$75,000+	94	17.4	18	31.6	112	19.2
Employment Status						
Employed	638	34.7	365	43.2	1,004	37.6
Not Employed	60	53.5	62	39.8	122	45.2
Student/Homemaker	133	35.4	37	29.6	170	33.7
Retired/Unable to Work	549	47.3	333	57.9	889	51.2
Total	1,381	38.7	798	45.4	2,187	41.1

[1]Unweighted
[2]Weighted

Immunization

Influenza and pneumonia was the sixth leading cause of death in Mississippi in 2003 having a death rate of 26.2 per 100,000 population. Influenza vaccine can prevent the disease and its complications. In the elderly, the vaccine is less effective in disease prevention, but reduces severity of disease and the incidence of complications and death. It is an important intervention to reduce hospitalizations due to complications of influenza. Influenza vaccine is recommended for all persons 65 years of age and older, and for those with chronic health problems which put them at risk for complications. The *Healthy People 2010* goal for influenza vaccinations is that 90 percent of the noninstitutionalized people age 65 and older be vaccinated in the preceding twelve months.

In the 2004 BRFSS survey, 66.4 percent of the respondents age 65 and older reported they had received the influenza vaccine in the last twelve months (Table 21). In 2003 the rate was 68.8 percent. The proportion vaccinated in this age group reflected a marked difference according to race: 70.9 percent of whites reported having been vaccinated compared to only 53.2 percent for nonwhites. Vaccination rates did not differ greatly by gender: 33.0 percent of males and 33.9 percent of females reported receiving vaccine.

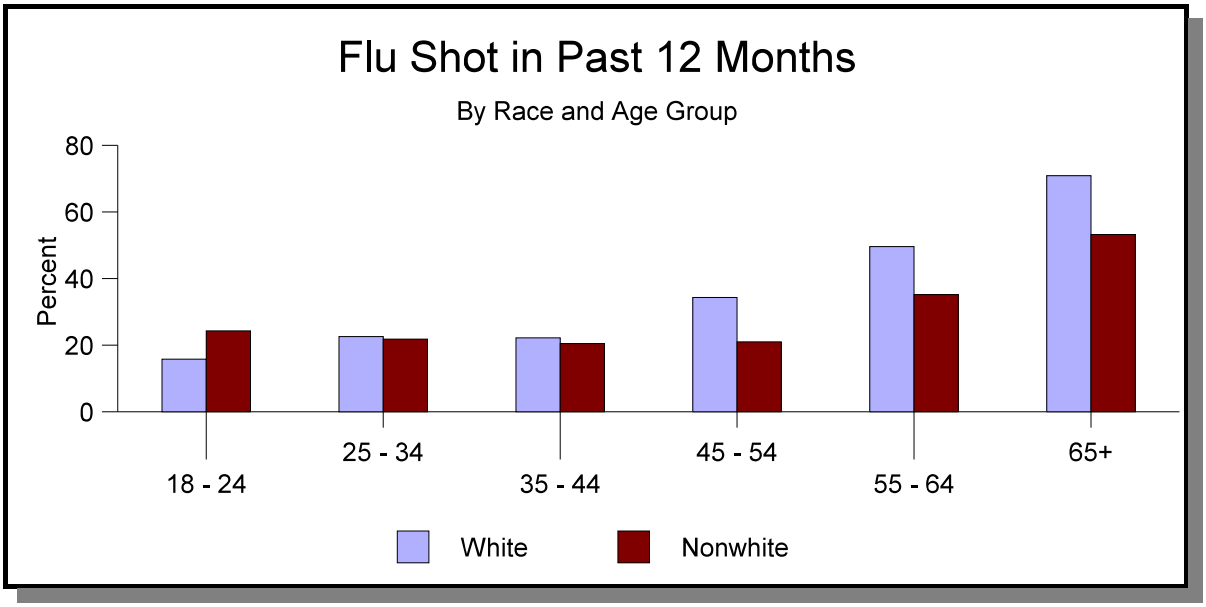

Figure 25

The target for persons age 18 to 64 who are noninstitutionalized is 60 percent. In Mississippi only 27.0 percent of respondents in this age group reported have a flu shot within the previous twelve months an increase from 24.1 percent reported in 2002. The prevalence for whites was 29.0 percent and for nonwhites it was 23.5 percent.

Table 21: Flu Shot in Past Twelve Months

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	514	35.0	154	29.3	669	33.0
Female	1,025	39.1	318	24.7	1,351	33.9
Age Group						
18-24	35	15.8	27	24.3	62	19.7
25-34	122	22.6	73	21.8	195	22.2
35-44	128	22.2	60	20.5	188	21.5
45-54	226	34.3	78	21.0	306	29.8
55-64	300	49.6	87	35.2	392	45.8
65+	723	70.9	145	53.2	870	66.4
Education						
< High School Graduate	230	34.2	160	35.0	393	34.6
High School Graduate or GED	472	35.9	132	25.3	607	31.9
Some College or Technical School	387	35.3	93	20.2	481	30.2
College Graduate	449	41.7	87	28.4	538	38.1
Income						
< $15,000	250	41.7	143	29.6	395	35.2
$15-$24,999	243	36.1	109	28.3	353	32.4
$25-$34,999	171	34.5	46	18.9	217	28.2
$35-$49,999	205	34.0	38	25.5	243	31.7
$50-$74,999	180	35.7	31	30.4	213	34.6
$75,000+	218	37.9	18	25.6	237	36.3
Employment Status						
Employed	619	29.7	193	22.9	816	27.3
Not Employed	25	17.3	20	19.4	45	18.3
Student/Homemaker	110	24.7	20	17.2	130	22.5
Retired/Unable to Work	782	62.9	238	42.0	1,025	55.5
Total	1,539	37.1	472	26.8	2,020	33.4

[1]Unweighted
[2]Weighted

Table 22: No Flu Shot in Past Twelve Months (Persons Age 65+)

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	91	29.4	40	41.6	132	32.5
Female	198	28.2	99	47.8	298	33.2
Education						
< High School Graduate	80	34.3	75	43.2	156	38.5
High School Graduate or GED	102	28.3	32	44.7	134	30.9
Some College or Technical School	54	25.7	18	63.7*	72	30.8
College Graduate	53	26.6	13	40.2*	66	28.4
Income						
< $15,000	65	30.2	57	42.7	123	35.9
$15-$24,999	63	27.5	27	39.4	90	30.1
$25-$34,999	28	24.8	14	78.3*	42	32.8
$35-$49,999	34	37.3	4	59.8*	38	39.3
$50-$74,999	12	23.8	0	-*	12	23.0
$75,000+	10	17.6	1	47.1*	11	19.3
Employment Status						
Employed	51	37.6	8	52.5*	59	39.0
Not employed	3	72.5*	3	100.0*	6	81.9
Student/Homemaker	24	32.4	7	54.9*	31	35.0
Retired/Unable to work	210	26.6	120	44.2	332	31.6
Total	289	28.7	139	45.5	430	32.9

* Sample size less than 50
[1]Unweighted
[2]Weighted

Table 23: People Who Have Ever Had a Pneumonia Vaccination

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	372	24.6	104	19.3	478	22.7
Female	762	27.3	214	16.0	982	23.2
Age Group						
18-24	21	9.6	17	13.9	38	11.6
25-34	39	8.6	42	13.2	81	10.5
35-44	65	12.2	31	10.8	96	11.7
45-54	122	17.6	52	16.1	176	17.2
55-64	180	29.0	57	24.1	241	27.9
65+	703	69.7	119	41.3	824	62.6
Education						
< High School Graduate	212	32.2	115	24.9	330	28.8
High School Graduate or GED	396	28.9	76	14.4	473	23.4
Some College or Technical School	280	24.4	66	14.7	347	21.1
College Graduate	245	20.8	61	17.9	309	20.1
Income						
< $15,000	239	40.8	109	21.2	351	30.4
$15-$24,999	226	32.3	69	16.9	296	25.0
$25-$34,999	129	26.5	38	14.8	167	21.8
$35-$49,999	110	17.1	16	11.4	126	15.6
$50-$74,999	90	17.1	15	19.8	106	17.8
$75,000+	97	16.4	9	10.3	106	15.5
Employment Status						
Employed	281	13.0	105	12.3	388	12.8
Not Employed	31	22.4	11	12.4	42	16.5
Student/Homemaker	97	22.7	14	14.9	111	20.3
Retired/Unable to Work	721	58.2	187	32.4	914	49.1
Total	1,134	26.0	318	17.5	1,460	23.0

[1]Unweighted
[2]Weighted

Alcohol Consumption

Excessive drinking has consequences for virtually every part of the human body. The wide range of alcohol-induced disorders is due, among other factors, to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol related consequences.

Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires and drowning. It also is a factor in homicide, suicide, marital violence and child abuse and has been associated with high risk sexual behavior. Persons who drink even relatively small amounts of alcoholic beverages may contribute to alcohol-related death and injury in occupational incidents especially if they drink before operating a vehicle. In 1998, alcohol use was associated with 38 percent of all motor vehicle crash fatalities, a significantly lower percentage than in the 1980's.

According to the 2004 BRFSS survey, 24.5 percent of white respondents in the 18-24 year age group said they had indulged in binge drinking in the past 30 days (Figure 26). This rate has not varied appreciably in the past three years but represents a marked decrease from 33.5 percent reported in 1999. Nonwhite respondents in the same age group reported a binge drinking rate of 13.9 percent. In 2003 it was 7.8 percent and in 2002 it was 19.3 percent which is much higher than the rate of 9.9 percent reported in 1999. Males were almost five times more likely to indulge in binge drinking than females. Only 3.6 percent of female respondents said they had five or more drinks on one occasion during the last thirty days compared to 17.7 percent for males.

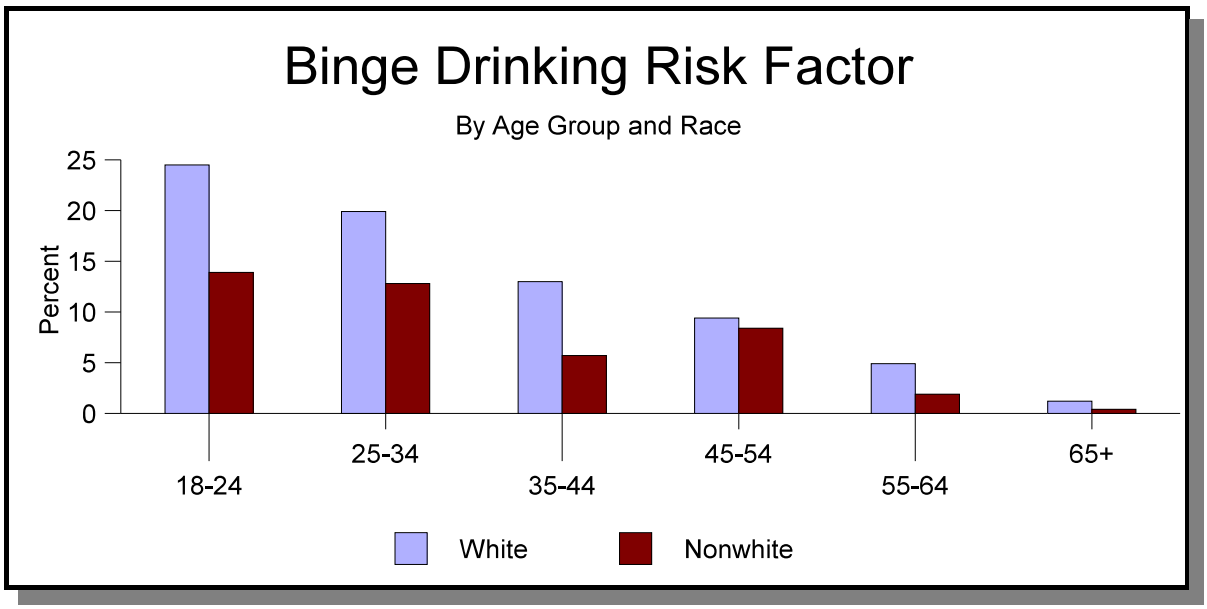

Figure 26

Table 24: Binge Drinking Risk Factor

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	217	19.6	61	14.2	278	17.7
Female	68	3.7	41	3.3	110	3.6
Age Group						
18-24	44	24.5	16	13.9	60	19.5
25-34	78	19.9	30	12.8	108	17.0
35-44	72	13.0	20	5.7	92	10.2
45-54	51	9.4	28	8.4	80	9.1
55-64	28	4.9	6	1.9	34	4.0
65+	12	1.2	2	0.4	14	1.0
Education						
< High School Graduate	33	9.3	19	8.4	52	8.8
High School Graduate or GED	84	11.2	41	9.7	125	10.6
Some College or Technical School	76	12.3	28	8.1	104	10.9
College Graduate	92	11.7	14	5.8	107	10.2
Income						
< $15,000	33	8.5	26	8.3	59	8.4
$15-$24,999	44	11.5	27	10.3	71	10.9
$25-$34,999	32	10.9	22	10.5	54	10.7
$35-$49,999	49	12.7	6	5.6	55	10.8
$50-$74,999	38	10.1	8	7.8	47	9.7
$75,000+	70	17.2	3	5.3	73	15.6
Employment Status						
Employed	220	15.0	81	11.9	302	14.0
Not Employed	18	18.4	8	5.8	26	11.1
Student/Homemaker	17	8.4	3	4.9	20	7.3
Retired/Unable to Work	30	3.0	10	1.7	40	2.6
Total	285	11.4	102	8.3	388	10.3

[1]Unweighted
[2]Weighted

Prostate Cancer Screening

According to the U. S. Department of Health and Human Services prostate cancer is the most commonly diagnosed form of cancer (other than skin cancer) in males and the second leading cause of cancer death among males in the United States. New cases of prostate cancer peaked in 1992 at 190.8 per 100,000 people and declined on average by 8.5 percent each year from 1992 to 1996. Prostate cancer death rates peaked in 1991 at 26.7 per 100,000 people; rates decreased on average by 2.1 percent each year from 1991 to 1995. Causes of the trends are unclear but may be attributed to a number of factors that are under investigation.

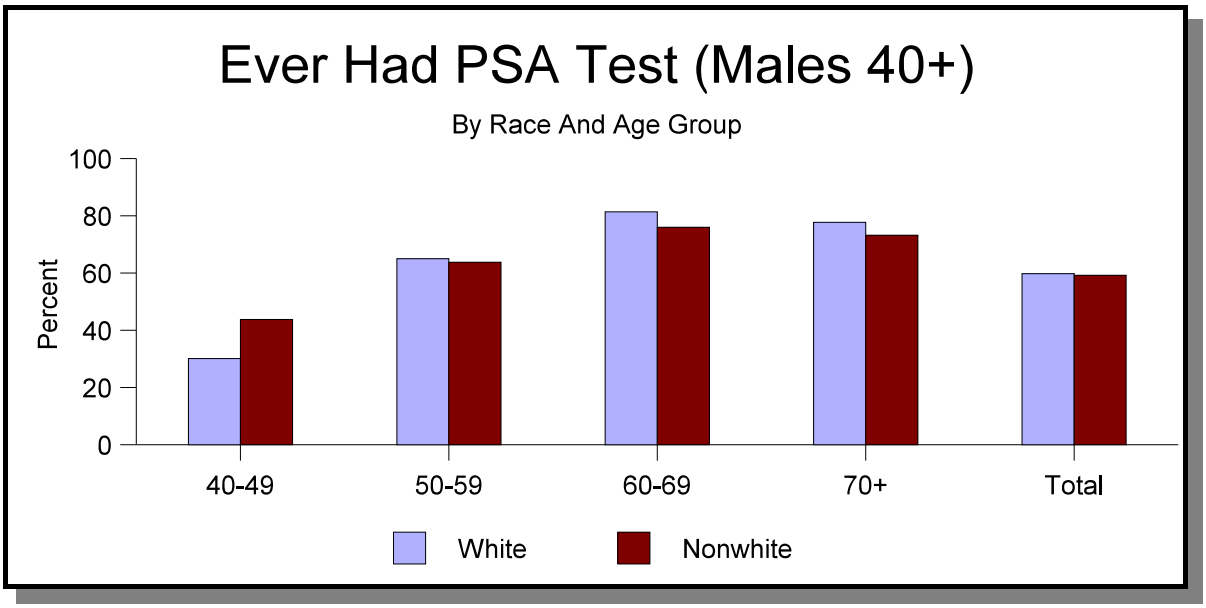

Figure 27

In 2003 the death rate in Mississippi among males for prostate cancer was 26.0 per 100,000: 20.5 for whites and 35.1 for nonwhites. Prostate cancer is most common in men aged 65 years and older, who account for approximately 80 percent of all cases of prostate cancer. Digital rectal examination (DRE) and the prostate-specific antigen (PSA) test are two commonly used methods for detecting prostate cancer.

Although several treatment alternatives are available for prostate cancer, their impact on reducing death from prostate cancer when compared with no treatment in patients with operable cancer is uncertain. Efforts aimed at reducing deaths through screening and early detection remain controversial because of the uncertain benefits and potential risks of screening, diagnosis, and treatment.

The 2004 BRFSS survey for Mississippi indicated that 59.6 percent of males more than 40 years of age reported ever having had a PSA test (Table 25). The overall rate for white respondents was 59.8 percent while nonwhites reported a rate of 59.2 percent. There was a greater difference in rates for men age 60 and older. In the 60-69 age category, the screening rate for whites was 81.4 percent compared to 76.0 percent for nonwhites and for men 70 and older, whites had a rate of 77.7 percent while nonwhites had a rate of 73.2 percent (Figure 27).

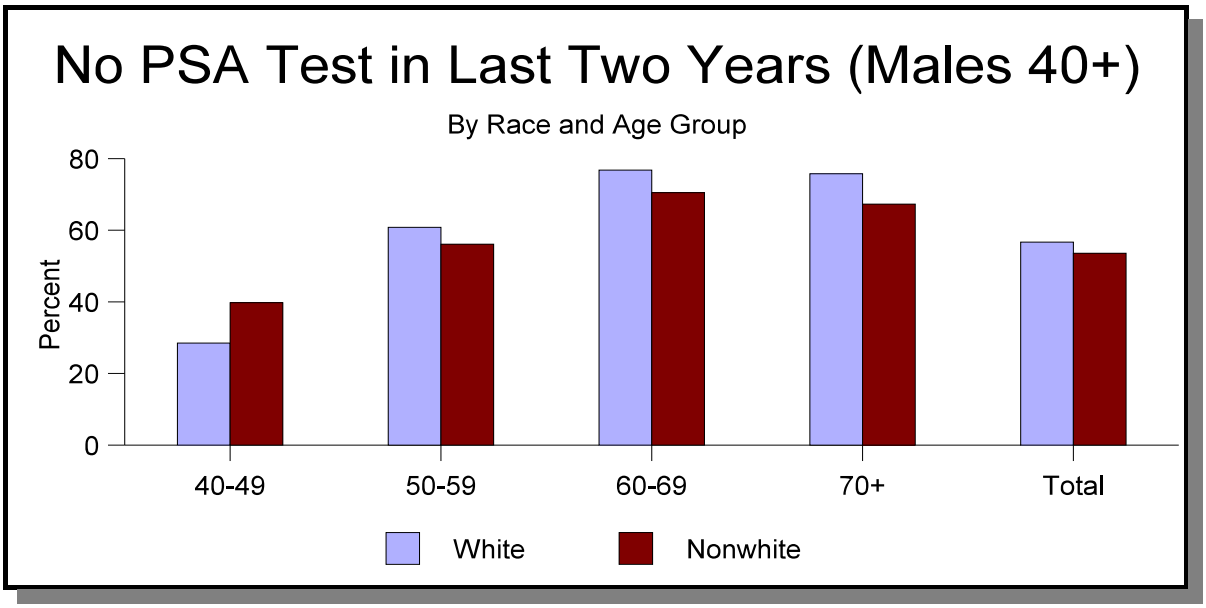

Figure 28

The survey showed that 55.9 percent of males over 40 years of age reported more than two years since their last PSA test (Table 26). The rate for nonwhite respondents was 53.6 percent compared to 56.7 percent for whites. There was a conspicuous difference by race in rates for men more than 70 years of age. Nonwhite males reported a rate of 67.3 percent for no PSA test within the past two years while whites reported a rate of 75.8 percent.

Table 25: Ever Had PSA Test (Males 40+)

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Age Group						
40-49	69	30.1	49	43.8	118	34.7
50-59	145	65.0	67	63.8	215	64.7
60-69	211	81.4	59	76.0	270	80.1
70+	124	77.7	36	73.2*	160	76.0
Education						
< High School Graduate	70	50.3	70	52.0	142	51.1
High School Graduate or GED	138	50.8	68	59.6	206	53.6
Some College or Technical School	140	62.4	40	65.2	180	63.0
College Graduate	200	70.4	33	69.8*	234	70.3
Income						
< $15,000	65	62.9	53	52.3	119	57.1
$15-$24,999	70	47.6	44	50.0	115	48.7
$25-$34,999	62	59.6	28	68.5*	90	62.3
$35-$49,999	87	58.3	21	68.2*	108	60.4
$50-$74,999	76	56.0	14	65.4*	90	57.4
$75,000+	122	69.9	18	67.9*	140	69.6
Employment Status						
Employed	260	51.8	95	55.8	356	52.9
Not Employed	11	50.8	8	45.4*	19	48.4
Student/Homemaker	0	-	1	100.0*	1	60.3
Retired/Unable to Work	276	73.7	106	65.3	384	70.9
Total	549	59.8	211	59.2	763	59.6

* Sample size less than 50
[1]Unweighted
[2]Weighted

Table 26: No PSA Test in Past Two Years (Males 40+)

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Age Group						
40-49	65	28.5	46	39.8	111	32.3
50-59	140	60.8	61	56.1	205	59.7
60-69	197	76.8	54	70.5	251	75.3
70+	117	75.8	33	67.3*	150	73.2
Education						
< High School Graduate	71	52.1	63	48.2	136	50.1
High School Graduate or GED	132	49.2	63	53.1	195	50.4
Some College or Technical School	133	58.5	38	59.5	171	58.7
College Graduate	182	64.4	30	61.8*	214	64.2
Income						
< $15,000	62	61.8	52	49.3	116	55.4
$15-$24,999	67	48.1	37	41.5	105	45.6
$25-$34,999	63	60.4	26	64.3*	89	61.6
$35-$49,999	79	51.7	19	61.0*	98	53.7
$50-$74,999	69	52.7	14	68.0*	83	55.0
$75,000+	114	63.9	16	55.3*	130	62.6
Employment Status						
Employed	249	49.0	85	48.4	335	48.9
Not Employed	10	42.7*	7	37.4*	17	40.3
Student/Homemaker	0	-	1	100.0*	1	60.3
Retired/Unable to Work	259	70.8	100	62.4	362	68.1
Total	519	56.7	194	53.6	717	55.9

* Sample size less than 50
[1]Unweighted
[2]Weighted

Colorectal Cancer Screening

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. An estimated 130,200 cases (66,600 females and 63,600 males) of CRC and 56,300 deaths (28,500 females and 27,800 males) from CRC were expected to occur in 2000. When cancer-related deaths are estimated separately for males and females, however, CRC becomes the third leading cause of cancer death behind lung and breast cancers for females and behind lung and prostate cancers for males.

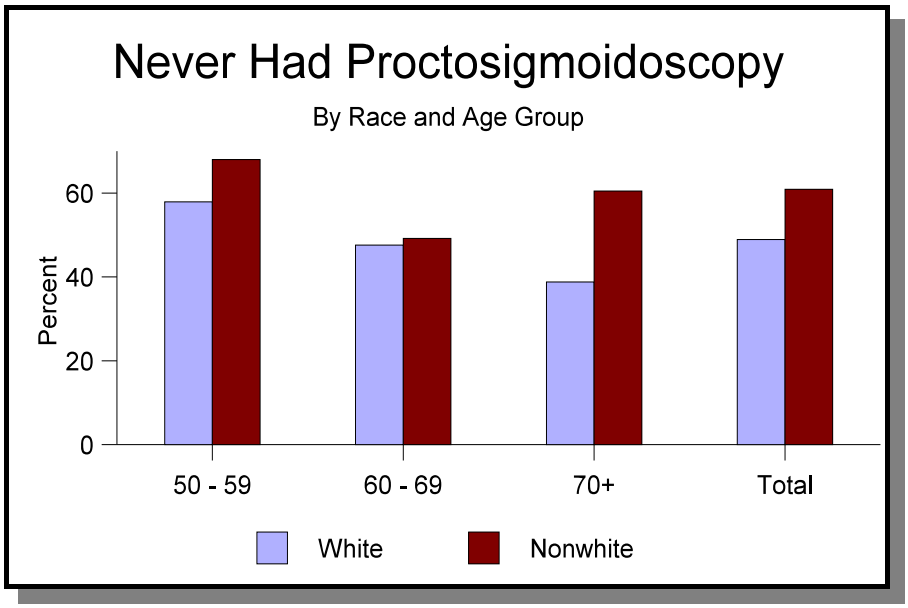

Figure 29

Risk factors for CRC may include age, personal and family history of polyps or colorectal cancer, inflammatory bowel disease, inherited syndromes, physical inactivity (colon only), obesity, alcohol use and a diet high in fat and low in fruits and vegetables. Detecting and removing precancerous colorectal polyps and detecting and treating the disease in its earliest stages will reduce deaths from CRC. Fecal Occult Blood Testing and sigmoidoscopy are widely used to screen for CRC, and barium enema and colonoscopy are used as diagnostic tests.

In 2003, the death rate for colorectal cancer in Mississippi was 112.2 per 100,000 among people age sixty-five and older; in 2002 it was 127.1. Digital rectal examinations (DRE) and proctosigmoidoscopic examinations are designed to detect colorectal cancer and other problems at an early stage to enhance the success of medical intervention.

The 2004 BRFSS data for Mississippi indicates that 52.2 percent of those surveyed had never had sigmoidoscopy or colonoscopy examination. The survey showed that nonwhite respondents were 1.2 times more likely to have never had an examination. The rate for nonwhites was 60.9 percent compared to 48.9 percent for whites. Nonwhites who are age 70 or older were 1.6 times more likely to have never had a sigmoidoscopy or colonoscopy: 60.5 for nonwhites and 38.8 for whites (Figure 29 and Table 27).

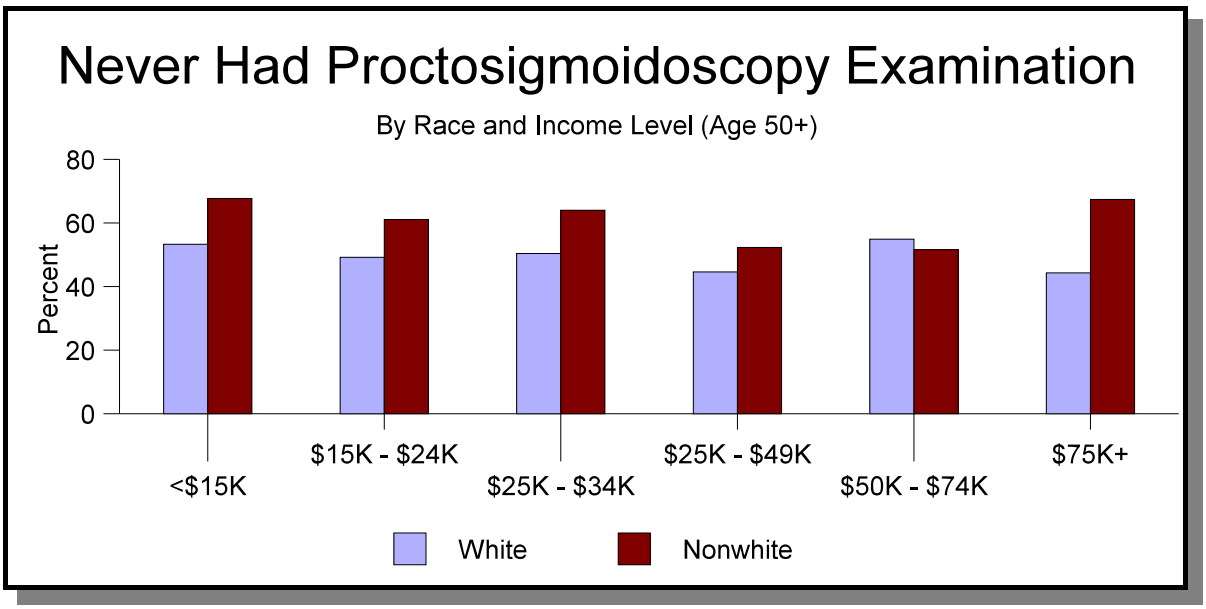
Never Had Proctosigmoidoscopy Examination
By Race and Income Level (Age 50+)
Percent
80
60
40
20
0
<$15K
$15K - $24K
$25K - $34K
$25K - $49K
$50K - $74K
$75K+
White
Nonwhite

Figure 30

Table 27: Never Had Sigmoidoscopy or Colonoscopy (Persons Age 50+)

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	318	50.3	133	64.2	454	54.1
Female	588	47.6	260	58.3	853	50.6
Age Group						
50-59	350	57.9	192	68.0	546	60.9
60-69	303	47.6	104	49.2	407	48.0
70+	253	38.8	97	60.5	354	44.5
Education						
< High School Graduate	175	52.7	164	64.6	344	58.6
High School Graduate or GED	326	52.0	120	63.1	447	54.7
Some College or Technical School	204	47.6	61	56.9	265	49.3
College Graduate	200	43.5	47	49.8	248	44.5
Income						
< $15,000	178	53.3	148	67.7	329	59.9
$15-$24,999	156	49.2	81	61.1	238	53.1
$25-$34,999	106	50.4	34	64.0	140	53.6
$35-$49,999	96	44.6	25	52.3*	121	45.9
$50-$74,999	91	54.9	12	51.6*	104	54.7
$75,000+	105	44.3	19	67.4*	124	47.1
Employment Status						
Employed	357	55.3	127	69.1	486	58.4
Not Employed	27	68.0*	16	71.5*	43	69.5
Student/Homemaker	61	46.4	16	63.4*	77	49.1
Retired/Unable to Work	459	43.5	233	55.7	698	47.3
Total	906	48.9	393	60.9	1,307	52.2

* Sample size less than 50
[1]Unweighted
[2]Weighted

Table 28: No Blood Stool Test in Past Two Years (Persons Age 50+)

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	481	74.8	172	77.2	657	75.3
Female	1,018	80.2	372	81.5	1,394	80.4
Age Group						
50-59	512	83.0	247	82.1	765	82.7
60-69	491	74.4	158	76.8	649	74.9
70+	496	74.7	139	78.2	637	75.3
Education						
< High School Graduate	275	80.7	227	84.0	506	82.0
High School Graduate or GED	506	78.9	155	78.5	662	78.7
Some College or Technical School	365	78.4	89	76.5	454	78.0
College Graduate	353	73.9	72	72.7	427	73.7
Income						
< $15,000	264	74.7	188	79.7	455	76.7
$15-$24,999	271	81.2	116	82.1	388	81.4
$25-$34,999	175	80.2	47	78.7	222	79.9
$35-$49,999	171	77.1	36	78.2*	207	77.3
$50-$74,999	137	78.2	21	85.7*	159	79.1
$75,000+	189	75.1	26	87.7*	215	76.7
Employment Status						
Employed	539	81.2	164	83.6	706	81.7
Not Employed	31	75.2*	20	75.9*	51	75.5
Student/Homemaker	108	78.1	22	84.5*	130	79.1
Retired/Unable to Work	819	75.3	337	77.5	1,161	75.9
Total	1,499	77.7	544	79.6	2,051	78.1

* Sample size less than 50
[1]Unweighted
[2]Weighted

HIV/AIDS

Acquired Immunodeficiency Syndrome (AIDS) received designation as a legally reportable disease in July 1983. By 1990, AIDS had become the tenth leading cause of death in the United States. Individuals engaging in certain risky behaviors have greater risk of contracting AIDS. These behaviors include sharing needles and/or syringes, having unprotected sex (anal, oral or vaginal), having multiple sex partners, having a history of sexually transmitted diseases, abusing intravenous drugs and having sex with a person engaged in one of these risky behaviors. There were 348 new cases of AIDS and 397 cases of HIV reported in Mississippi in 2002.

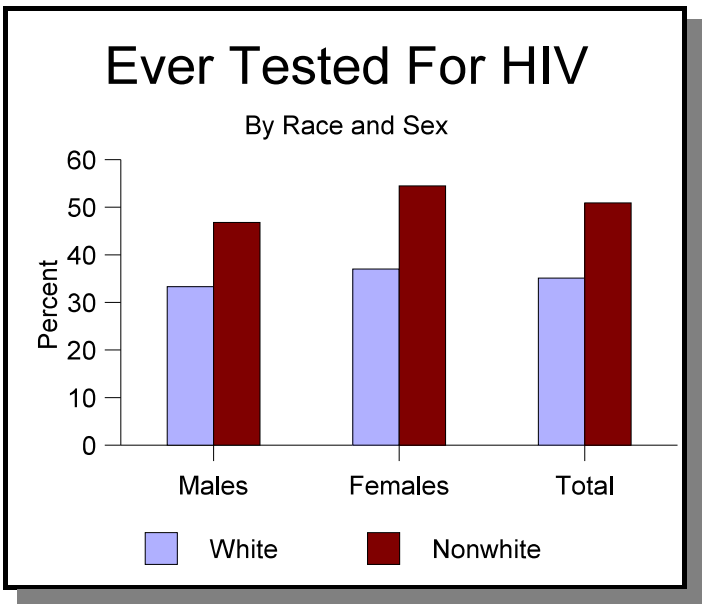

Figure 31

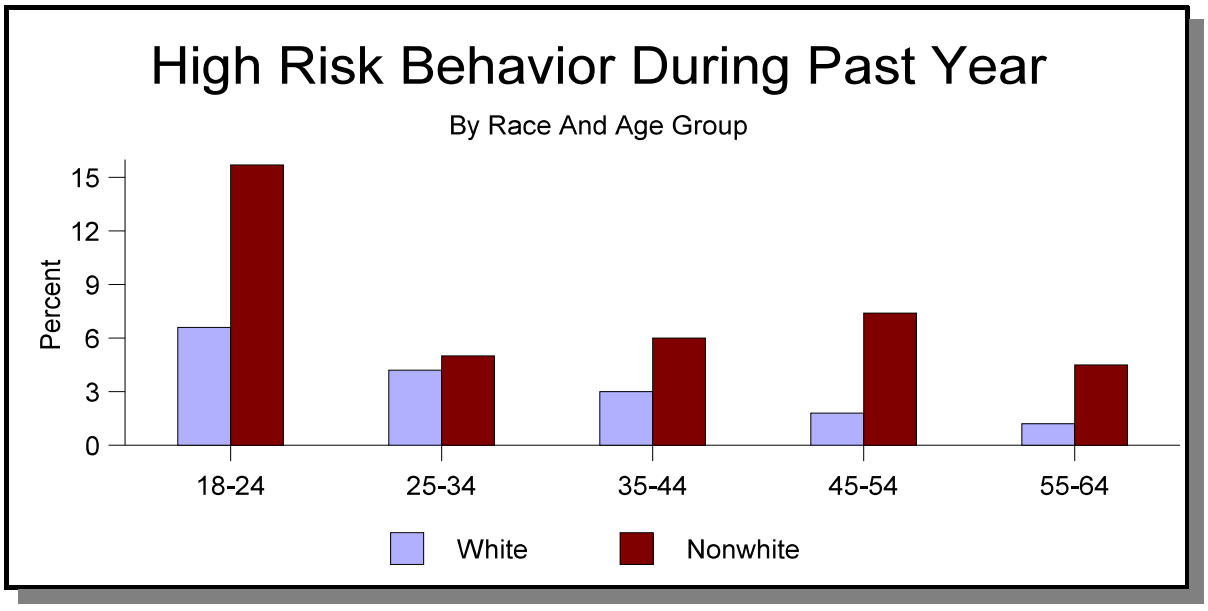

Figure 32

AIDS is a life threatening condition representing the later stages of infection with the human immuno-deficiency virus (HIV). Infection with HIV results in slow, progressive damage to the immune system and certain other organ systems. As the immune system weakens, certain

opportunistic infections and cancers not normally seen in healthy individuals result in severe and frequently fatal illness. Between 800,000 and 900,000 persons in the United States are estimated to be infected with HIV, and many are unaware that they have the virus.

Questions about HIV and AIDS were only asked of those persons between the ages of 18 and 64. One of the questions was whether the respondents (excluding tests for blood donations) had ever been tested for the AIDS virus. Slightly more that forty-one percent of the respondents reported that they had ever been tested (Table 29). Nonwhites were more likely to have been tested than whites. The rate for nonwhites who had ever been tested was 50.9 percent and for nonwhites it was 35.1 percent. For white respondents the rate for ever being tested was 33.3 percent for males and 37.0 percent for females; for nonwhites it was 46.8 percent for males and 54.5 percent for females (Figure 31).

Table 29: Ever Tested for HIV (Age 18 - 64)

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	332	33.3	198	46.8	531	38.1
Female	546	37.0	517	54.5	1,067	44.0
Age Group						
18-24	74	34.5	75	47.9	149	40.6
25-34	258	48.0	246	72.4	504	58.2
35-44	257	44.5	188	53.8	445	48.1
45-54	193	29.8	138	37.7	335	32.6
55-64	96	16.2	68	28.0	165	19.4
Education						
< High School Graduate	95	36.9	117	44.5	213	40.6
High School Graduate or GED	228	30.3	234	48.6	463	38.0
Some College or Technical School	264	38.4	218	58.2	483	45.6
College Graduate	291	36.3	146	51.8	439	40.6
Income						
< $15,000	116	44.1	184	52.9	301	49.0
$15-$24,999	154	43.0	195	53.1	351	48.4
$25-$34,999	95	31.6	120	59.5	215	43.9
$35-$49,999	147	34.7	74	47.9	221	38.5
$50-$74,999	144	36.6	55	52.5	200	40.5
$75,000+	156	32.8	30	48.5	187	34.9
Employment Status						
Employed	595	33.7	482	53.7	1,079	40.9
Not Employed	53	45.5	62	48.5	115	46.8
Student/Homemaker	109	41.9	46	46.4	155	43.4
Retired/Unable to Work	121	33.1	123	43.2	247	37.6
Total	878	35.1	715	50.9	1,598	41.1

[1]Unweighted
[2]Weighted

Table 30: Participated in High Risk Behavior During Past Year (Age 18 - 64)

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	37	4.5	37	8.8	74	6.1
Female	27	1.9	52	7.4	79	4.1
Age Group						
18-24	12	6.6	20	15.7	32	10.8
25-34	20	4.2	19	5.0	39	4.5
35-44	16	3.0	17	6.0	33	4.1
45-54	10	1.8	24	7.4	34	3.7
55-64	6	1.2	9	4.5	15	2.1
Education						
< High School Graduate	12	6.2	27	11.3	39	8.7
High School Graduate or GED	28	4.3	32	9.1	60	6.3
Some College or Technical School	15	2.6	17	5.2	32	3.6
College Graduate	9	1.4	12	6.3	21	2.7
Income						
< $15,000	11	5.7	26	7.7	37	6.8
$15-$24,999	16	6.2	28	10.1	44	8.2
$25-$34,999	9	4.6	11	6.3	20	5.4
$35-$49,999	10	1.9	10	12.0	20	4.9
$50-$74,999	7	1.5	1	1.5	8	1.5
$75,000+	5	1.2	3	4.5	8	1.6
Employment Status						
Employed	36	2.5	59	8.3	95	4.6
Not Employed	9	10.3	5	5.5	14	7.4
Student/Homemaker	10	4.0	6	6.9	16	4.9
Retired/Unable to Work	9	3.9	19	9.4	28	6.2
Total	64	3.2	89	8.1	153	5.1

[1]Unweighted
[2]Weighted

Environmental Air

Air pollution is a widespread public health and environmental problem in the United States, that contributes to premature death, cancer, and long-term damage to respiratory and cardiovascular systems. It also can reduce visibility, damage crops and buildings, and deposit pollutants on the soil and in water affecting both the chemistry and the organisms that live there. Although some progress toward reducing unhealthy air emissions has been made, a substantial air pollution problem remains, with millions of tons of toxic air pollutants released into the air each year.

Motor vehicles account for approximately one-fourth of emissions that produce ozone and one-third of nitrogen oxide emissions. Around 76.6 percent of carbon monoxide emissions are produced each year by transportation sources. The national health costs of exposure to outdoor air pollutants from all sources are estimated at $40 billion to $50 billion annually, along with 50,000 premature deaths.

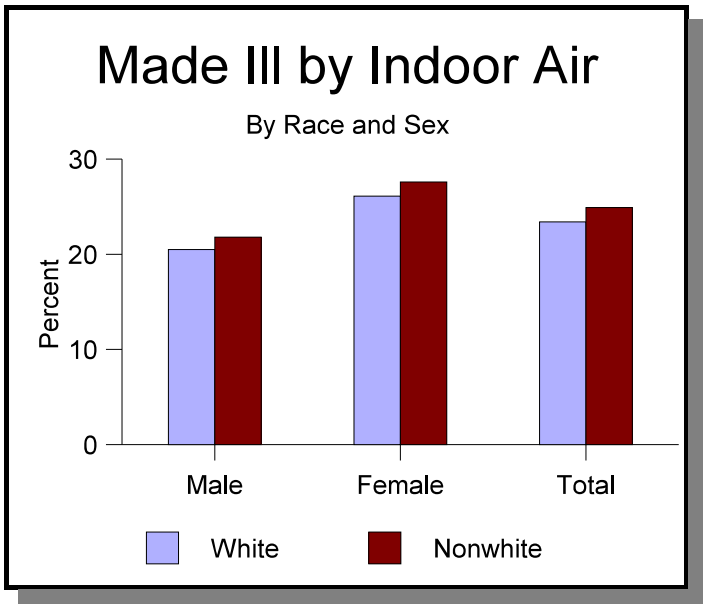

Figure 33

Indoor allergens originating from dust mites, cockroaches, mold, rodents, and pets, can exacerbate the symptoms of respiratory conditions like asthma and allergies. Because most people spend the majority of their time indoors, both at home and at work, these allergens become important public health issues.

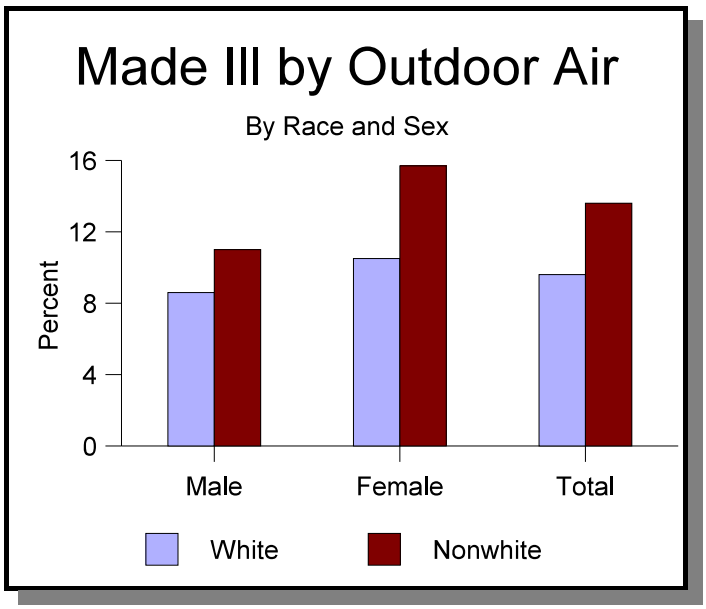

Figure 34

The 2004 BRFSS Survey showed that in Mississippi 23.9 percent of the respondents had been made ill by poor indoor air quality during the past twelve months. Although nonwhites reported a slightly higher rate than whites, 24.9 percent to 23.4 percent, there was no significant difference from a statistical standpoint (Table 31).

Only 11.0 percent of the respondents said that they had been made ill by poor outdoor air quality

during the prior twelve months– 9.6 percent for whites and 13.6 percent for nonwhites (Table 30). Figures 33 and 34 respectively show rates by race and sex for those made ill by poor air quality, both indoor and outdoor, during to past twelve months.

Table 31: Made Ill by Bad Indoor Air During Past Twelve Months

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	247	20.5	109	21.8	357	20.9
Female	558	26.1	337	27.6	898	26.6
Age Group						
18-24	54	26.3	32	21.6	86	24.0
25-34	137	27.5	90	27.4	227	27.4
35-44	167	30.5	112	29.4	279	30.1
45-54	171	24.9	117	30.3	289	26.7
55-64	139	20.8	58	22.8	199	21.4
65+	135	12.0	32	10.5	167	11.6
Education						
< High School Graduate	114	24.7	101	21.6	216	23.2
High School Graduate or GED	249	22.2	157	28.5	406	24.6
Some College or Technical School	223	25.6	109	23.7	335	25.0
College Graduate	219	22.0	77	23.5	296	22.3
Income						
< $15,000	123	27.2	137	29.2	263	28.3
$15-$24,999	158	28.7	120	26.6	278	27.7
$25-$34,999	105	23.5	59	25.4	164	24.3
$35-$49,999	123	24.0	44	26.4	167	24.6
$50-$74,999	108	26.1	25	22.7	133	25.3
$75,000+	99	17.6	15	17.1	114	17.5
Employment Status						
Employed	473	25.3	257	25.7	731	25.4
Not Employed	50	39.7	42	29.3	92	33.4
Student/Homemaker	70	21.1	21	20.0	91	20.8
Retired/Unable to Work	212	17.4	125	23.1	340	19.5
Total	805	23.4	446	24.9	1,255	23.9

[1]Unweighted
[2]Weighted

Table 32: Made Ill by Outside Air Pollution in Past Twelve Months

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	110	8.6	59	11.0	171	9.5
Female	246	10.5	199	15.7	445	12.4
Age Group						
18-24	14	6.1	15	10.0	30	8.2
25-34	34	6.8	41	12.0	75	9.0
35-44	65	12.3	59	16.6	124	14.0
45-54	74	11.5	67	16.7	142	13.3
55-64	83	12.5	39	14.0	122	12.8
65+	86	7.8	34	11.6	120	8.7
Education						
< High School Graduate	61	11.5	69	15.2	131	13.3
High School Graduate or GED	116	9.4	93	14.6	209	11.4
Some College or Technical School	89	9.5	57	11.5	146	10.2
College Graduate	90	8.9	39	12.4	130	10.0
Income						
< $15,000	79	15.7	89	19.2	168	17.5
$15-$24,999	71	10.2	63	13.7	135	11.9
$25-$34,999	36	8.0	28	10.4	64	8.9
$35-$49,999	42	8.0	24	14.2	66	9.7
$50-$74,999	38	9.1	16	13.0	54	10.0
$75,000+	44	7.9	7	9.8	51	8.1
Employment Status						
Employed	182	9.5	122	12.4	304	10.5
Not Employed	20	15.8	18	11.0	39	13.8
Student/Homemaker	23	5.3	16	11.9	39	7.3
Retired/Unable to Work	131	10.9	101	17.8	233	13.3
Total	356	9.6	258	13.6	616	11.0

[1]Unweighted
[2]Weighted

Birth Control

According to *Healthy People 2010*, half of all pregnancies in the United States are unintended. Between 1987 and 1994 the proportion of unintended pregnancies declined from 57 to 49 percent. Family planning is one of the key elements in preventing pregnancies that are not intended.

The family planning objectives for Healthy People 2010 track the recommendations contained in the 1995 Institute of Medicine report *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families.* The foremost recommendation of the report is for the promulgation of a social norm under which all pregnancies would be intended at the time of conception. In recent years unintended pregnancy rates have shown a decline because of the increased use of contraceptives and contraceptive methods. Nonetheless, unintended pregnancies remain both a public health and a social concern.

A significant determinant of pregnancy and birth rates is the use of contraceptives. In the 2004 survey for Mississippi the question "Are you presently practicing some method of birth control?" was asked of males between the age of 18 and 59 and non-pregnant females between the age of 18 and 44.

Seventy percent in both white and nonwhite female respondents reported the current use of some birth control method while only 58.1 percent of the males said that they practiced some method of birth control (Figure 35).

There was a negligible difference in contraceptive use by race. White respondents reported a birth control use rate of 62.3 percent compared to 63.2 for nonwhites (Table 33).

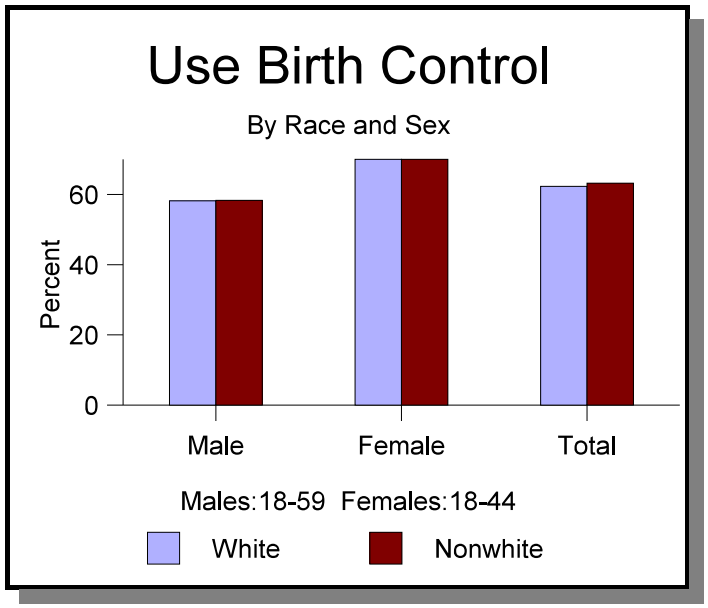

Figure 35

Table 33: Using Birth Control (Males 18 - 59, Females 18 - 44)

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	467	58.2	206	58.3	674	58.1
Female	441	70.0	353	70.0	794	70.0
Age Group						
18-24	111	57.3	86	64.7	197	60.5
25-34	296	68.0	201	61.0	497	65.1
35-44	330	69.2	197	73.0	527	70.7
45-54	125	57.3	57	50.0	183	54.9
55-59	46	42.5	17	42.7*	63	42.0
Education						
< High School Graduate	95	64.0	76	59.3	171	61.5
High School Graduate or GED	238	58.2	227	68.9	465	63.2
Some College or Technical School	260	63.9	143	60.1	403	62.5
College Graduate	315	64.1	113	59.7	429	62.6
Income						
< $15,000	64	50.2	121	65.2	186	59.2
$15-$24,999	118	62.0	154	66.9	272	64.6
$25-$34,999	107	59.9	105	63.7	212	61.7
$35-$49,999	179	69.1	60	65.9	239	68.1
$50-$74,999	177	71.3	46	62.5	223	69.0
$75,000+	192	61.9	23	53.9*	215	60.8
Employment Status						
Employed	727	64.2	410	65.0	1,137	64.5
Not Employed	31	52.0	60	71.7	91	63.7
Student/Homemaker	108	64.6	40	56.2	148	61.6
Retired/Unable to Work	42	41.8	47	49.3	90	45.7
Total	908	62.3	559	63.2	1,468	62.6

* Sample Size Less Than 50
[1]Unweighted
[2]Weighted

Limited Physical Activity

According to *Healthy People 2010*, it has long been held that the health status of persons with disabilities is primarily associated with medical care, rehabilitation services and long-term care financing. But a number of health care professionals believe that these are false conceptions that have resulted in a lack of emphasis on health care that concern people with disabilities leading to an increase in social and emotional problems related to the family and community.

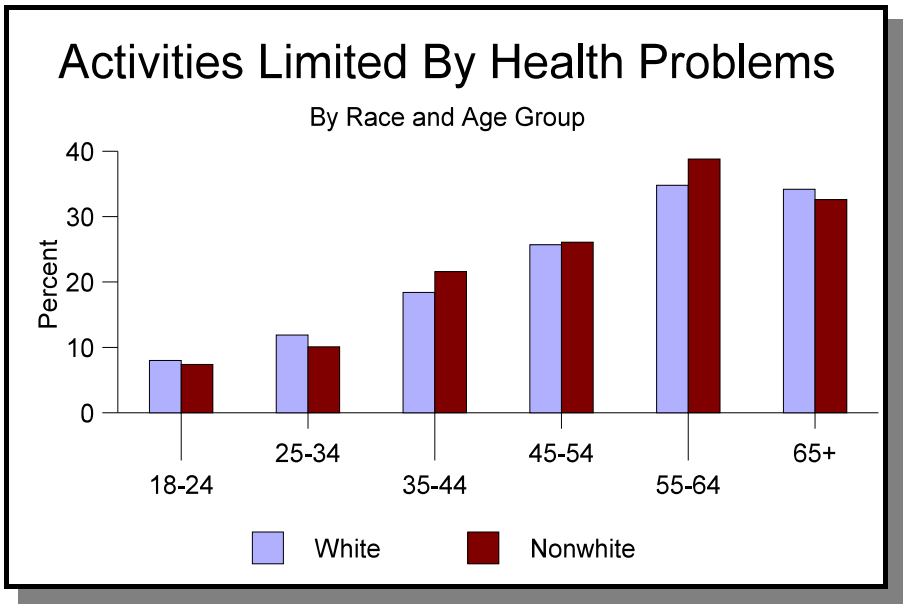

Figure 36

According to the Centers for Disease control and Prevention (CDC), people who have activity limitations report having had more days of pain, depression, anxiety, and sleeplessness and fewer days of vitality during the previous month than people not reporting activity limitations. In view of the increased rates of disability, it is important to target activities and services that address all aspects of health and well-being, as well as providing access to medical care. For an older person with a disability, it is important to pinpoint conditions that could threaten their well-being.

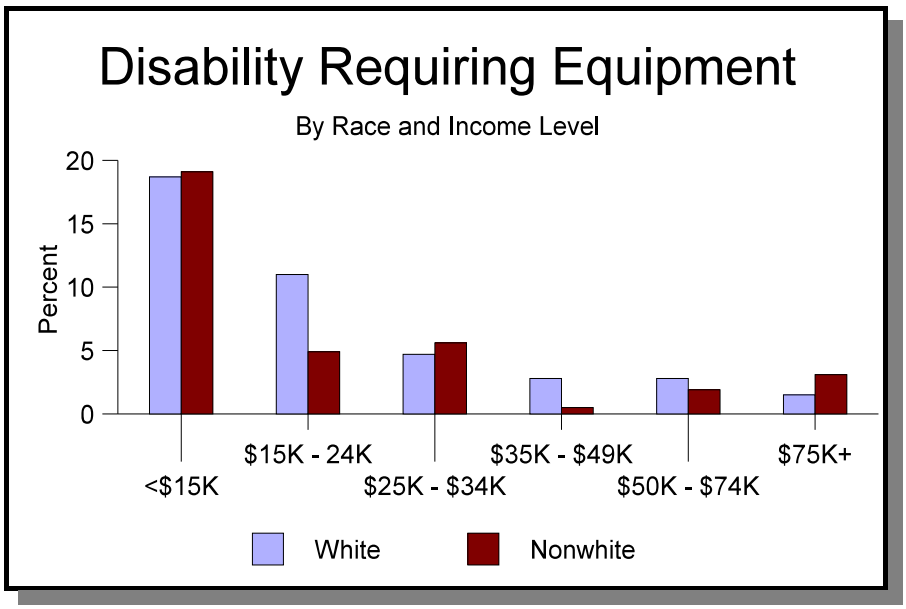

Figure 37

There are few data systems that identify those with

disabilities as a sub-population. Despite the paucity of data, some disparities between people with and without disabilities have been noted. These disparities include excess weight, reduced physical activity, increased stress, and less frequent mammograms for women over age 55 years with disabilities.

It was noted in *Healthy People 2000* that persons with disabilities have increased health concerns and susceptibility to secondary conditions. People who have activity limitations report having had more days of pain, depression, anxiety, and sleeplessness and fewer days of vitality during the previous month than people not reporting activity limitations.

In the 2004 BRFSS survey, 21.8 percent of Mississippians reported that their activities were limited because of health problems compared to 23.4 percent in 2002 (Table 34). White respondents reported a rate of 22.7 percent down from 24.9 in 2002 while nonwhites reported a rate of 20.0 percent a very slight decrease from 20.5 in 2001. Figure 36 reflects the fact that these limitations increase with age for both races. People over the age of 65 report a rate of 33.8 percent (34.2 for whites and 32.6 for nonwhites) but the 18-24 age group had a rate of only 7.7 percent (8.0 for white and 7.4 for nonwhites).

Only 7.6 percent of the population have health problems that require special equipment such as a wheelchair, special bed, cane or special telephone (Table 35). Figure 37 shows that those with lower incomes tend to require special equipment for health problems.

Table 34: Activities Limited by Health Problems

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	287	20.0	121	19.5	411	19.9
Female	649	25.3	277	20.4	929	23.5
Age Group						
18-24	14	8.0	11	7.4	25	7.7
25-34	60	11.9	38	10.1	98	11.1
35-44	102	18.4	64	21.6	166	19.6
45-54	176	25.7	101	26.1	280	25.9
55-64	220	34.8	92	38.8	314	35.9
65+	364	34.2	89	32.6	454	33.8
Education						
< High School Graduate	213	34.9	140	29.0	356	32.2
High School Graduate or GED	356	28.5	125	17.9	481	24.4
Some College or Technical School	200	18.1	88	20.2	290	18.8
College Graduate	166	14.3	43	12.1	210	13.7
Income						
< $15,000	272	51.9	175	33.8	451	42.3
$15-$24,999	196	31.0	87	18.9	284	25.3
$25-$34,999	84	19.6	42	19.2	126	19.4
$35-$49,999	84	14.1	9	5.8	93	11.9
$50-$74,999	67	14.2	11	9.0	78	13.0
$75,000+	69	10.5	9	12.0	78	10.7
Employment Status						
Employed	233	11.7	86	9.2	319	10.8
Not Employed	41	31.0	26	13.2	67	20.6
Student/Homemaker	77	17.1	16	10.9	93	15.2
Retired/Unable to Work	584	50.0	270	51.0	860	50.4
Total	936	22.7	398	20.0	1,340	21.8

[1]Unweighted
[2]Weighted

Table 35: Health Problems Requiring Special Equipment

Groups	White		Nonwhite		Total	
	Number[1]	Percent[2]	Number[1]	Percent[2]	Number[1]	Percent[2]
Sex						
Male	89	5.8	66	9.1	156	7.0
Female	217	7.8	127	8.6	346	8.2
Age Group						
18-24	2	1.0	3	2.5	5	1.7
25-34	7	1.9	9	2.7	16	2.2
35-44	14	2.8	16	5.4	30	3.8
45-54	46	6.7	39	10.8	86	8.2
55-64	50	7.6	47	16.9	98	10.2
65+	187	18.4	77	27.7	265	20.7
Education						
< High School Graduate	83	12.7	86	17.6	171	15.1
High School Graduate or GED	101	7.6	47	5.4	148	6.8
Some College or Technical School	65	5.6	38	7.6	104	6.3
College Graduate	56	4.2	21	5.6	77	4.5
Income						
< $15,000	101	18.7	98	19.1	201	19.0
$15-$24,999	78	11.0	26	4.9	104	8.1
$25-$34,999	19	4.7	15	5.6	34	5.0
$35-$49,999	17	2.8	1	0.5	18	2.2
$50-$74,999	15	2.8	2	1.9	17	2.6
$75,000+	11	1.5	2	3.1	13	1.7
Employment Status						
Employed	24	1.2	12	1.2	36	1.2
Not Employed	8	8.8	7	4.0	15	6.0
Student/Homemaker	16	3.7	4	1.4	20	3.0
Retired/Unable to Work	257	21.2	170	31.3	430	24.8
Total	306	6.9	193	8.8	502	7.6

[1]Unweighted
[2]Weighted

Mississippi Department of Health

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